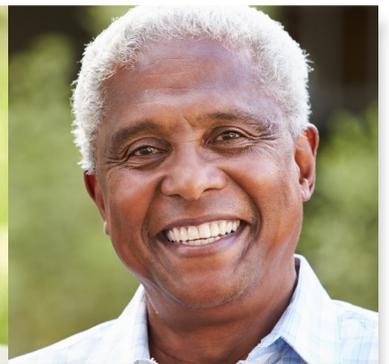
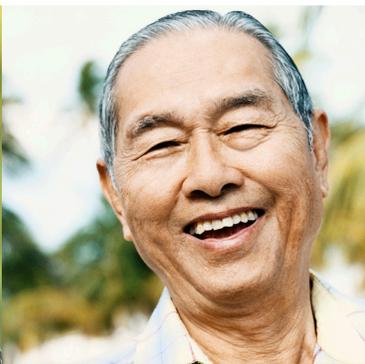


OREGON STATE PLAN ON AGING

October 1, 2017 – September 30, 2021

(Amended December 28, 2018)



Acronyms

AAA	Area Agency on Aging
ACL	Administration for Community Living
ADRC	Aging and Disability Resource Connection
AIRS	Alliance of Information & Referral Systems
APD	Aging and People with Disabilities
APS	Adult Protective Services
AoA	Administration on Aging
CIL	Center for Independent Living
CMS	Centers for Medicare & Medicaid Services
DHS	Department of Human Services
FFY	Federal Fiscal Year
GCSS	Governor's Commission on Senior Services
HCBS	Home & Community Based Services
I & R/A	Information & Referral/Assistance
LGBT	Lesbian, gay, bisexual, transgender
LTCO	Long Term Care Ombudsman
LTSS	Long-term services and supports
MOU	Memorandum of Understanding
NAPIS	National Aging Program Information System
NFCSP	National Family Caregiver Support Program
NWD	No Wrong Door
OAA	Older Americans Act
OAAPI	Office of Adult Abuse Prevention and Investigations
OC	Options Counseling
ODC	Oregon Disabilities Commission
ODDS	Office of Developmental Disabilities Services
OHA	Oregon Health Authority
OPI	Oregon Project Independence
ORS	Oregon Revised Statute
PCOC	Person-Centered Options Counseling
PCT	Person-Centered Thinking
PSA	Planning and Service Area
SHIBA	Senior Health Insurance Benefits Assistance
SMP	Senior Medicare Patrol
SNAP	Supplemental Nutrition Assistance Program
SUA	State Unit on Aging
VA	Veterans Affairs
VD-HCBS	Veteran-Directed Home & Community Based Services

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Oregon

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Verification of Intent

The State Plan on Aging (hereinafter referred to as the State Plan) reflects Oregon's plan to respond to the needs of older Oregonians and to the changes in the long term services and supports delivery system required to address these needs. The State Plan is submitted to the Federal government in compliance with Federal regulations. When the State Plan is approved, the State of Oregon receives Federal funds to administer the State Plan. These funds are matched with State and local funds. The State Plan reflects goals and objectives for the four-year period October 1, 2017 through September 30, 2021.

The Aging and People with Disabilities (APD) program of Oregon's Department of Human Services (DHS), in its function as the State Unit on Aging, has been given the authority to develop and administer the State Plan in accordance with all the requirements of the Older Americans Act. The Director of the APD program, as the effective head of the Oregon State Unit on Aging, has been delegated signature authority by the Governor for purposes such as submission of this document.

The State Plan on Aging complies with relevant Federal requirements and assurances. The State Plan is hereby submitted for the State of Oregon for the period of October 1, 2017 through September 30, 2021.

Sincerely,

Ashley Carson Cottingham, Director
Aging & People with Disabilities
Oregon Department of Human Services

"Assisting People to Become Independent, Healthy and Safe"

Executive Summary

It is the mission of the Oregon Department of Human Services (DHS) to help Oregonians in their own communities achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity. The Oregon DHS' Aging and People with Disabilities (APD) Program develops a State Plan on Aging, as required under the Older Americans Act of 1965, as amended. The Plan is a contract with the Administration on Aging (AoA), a part of the U.S. Department of Health and Human Services Administration for Community Living, and allows Oregon to receive funds under the Act. The Plan also provides a vision and direction for Oregon's aging network and affords the opportunity for the State to articulate its priorities and strategies for improving the lives of older Oregonians, people with disabilities and caregivers for the next four years.

APD is accountable for the implementation of programs for older Oregonians and Oregonians with disabilities. The State Unit on Aging (SUA), a part of APD, is charged with the purpose and responsibility of implementing Older Americans Act (OAA) programs and will do this by working collaboratively with older Oregonians, family caregivers, Oregon's 16 Area Agencies on Aging (AAAs), the network of Aging and Disability Resource Connection (ADRC) agencies, the Indian Tribes of Oregon, other public-private partnerships, and our federal and state government partners.

The SUA works closely with Oregon's Area Agencies on Aging (AAAs) to create a comprehensive package of services. AAAs provide information and services to seniors and people with disabilities across Oregon, while the SUA coordinates distribution of Federal Funds, provides training and technical assistance, and ensures statewide oversight and coordination for OAA programs. The SUA also oversees Oregon Project Independence (OPI), which is managed through the AAAs. OPI is a state-funded program providing in-home services to seniors who need assistance to remain in their own homes although do not qualify for Medicaid-funded programs.

A number of issues, trends, and challenges were considered when developing the priorities and strategies for this plan. Oregon's population is aging and will continue to age. During the time frame of this plan, by 2020, the entire baby-boomer population will be between the ages of 55 and 75. There are an increasing number of people with disabilities, and the aging and disability populations are also becoming more racially, ethnically, culturally, and linguistically diverse. As the older adult population increases, so will the number of adults with chronic health conditions and direct costs due to health conditions. Further, Oregon is experiencing an uneven pace of economic recovery, especially in rural regions of the state, and this is combined with a statewide crisis in both available and affordable dwellings. The state faces significant budget challenges in the coming state biennial budget along with uncertainties regarding federal programs and funding. This population growth and diversity, combined with fiscal constraints, affects efforts to meet needs and has the potential to weaken the safety net.

Within this context, a vision to guide future efforts was developed: All Oregonians are able to safely age in the setting of their choice, in health and independence, with honor and dignity, and respect for their cultural, socio-economic, geographical placement and linguistic needs. In addition, several areas of importance to address in the State Plan were identified: a strong commitment to implementing the principles of Service Equity along with Oregon's emphasis on person-directed services and supports and person-centered service delivery across all APD programs, support of behavioral/mental health programs and activities, transportation, housing, and access to and

knowledge of health and medical equipment/assistive technology services and devices. SUA staff will be involved in collaborative efforts across programs and will work to include positive approaches and practices across the AAA/ADRC service delivery networks. It is also important, and especially so in the current environment, to continue to explore options for sustainability and funding, and those efforts can be aided by development of innovative practices and by identification, support and education of community-level groups and advocates (particularly in rural areas).

A significant aspect of the approach articulated in our plan is maximizing the added values of partnerships, collaborating and leveraging resources, and stimulating community ownership in the cause of improving the lives of older Oregonians in all communities. Principal amongst these partnerships is Oregon's Aging and Disability Resource Connection (ADRC). The ADRC exemplifies the type of partnership that is statewide; leverages community, state, and federal resources; is person-centered; simplifies and streamlines access to long-term services and supports enabling individuals to maintain independence and live in their chosen communities; and creates efficiencies that save time and money for individuals and the state.

This State Plan sets forth seven focus areas:

- Aging and Disability Resource Connection/No Wrong Door,
- Person-directed services and supports,
- Nutrition services,
- Disease prevention/Health promotion,
- Family caregiver supports,
- Legal assistance and Elder Rights Protection, and
- American Indian Programs.

Specific objectives, strategies, and outcomes are articulated for each of these areas, and these are directly connected and integral to achieving APD's long-term goals.

These are challenging times, and the SUA is dedicated to keeping seniors and people with disabilities independent in their homes through delivery of services provided by the OAA. We are committed to optimize outcomes for the benefit of older Oregonians and by implementing the State Plan's goals and objectives, APD and the aging network will strengthen and improve the capacity to provide OAA services, translate successful outcomes into best practices, and effectively advocate for older Oregonians and persons living with disabilities.

Introduction

This State Plan on Aging is Oregon’s State Unit on Aging’s (SUA) plan to respond to needs of older Oregonians over the next four years, working through Oregon’s Area Agencies on Aging and other partners to help older Oregonians achieve well-being and independence in ways that protect, empower, respect choice, and preserve dignity. The Plan is designed to be a road map that includes a vision for the future, priorities and goals, and strategies to meet these goals. It is not meant to encompass all of the activities of the SUA, and implementation plans will be developed annually to identify specific activities that will be pursued to advance the Plan’s goals and objectives. Once approved by the federal government, this plan provides the basis for use of federal funds, matched with state and local funds, to support programs and services to help Oregonians access long-term services and supports in communities across the state.

Organizational structure, programs, and key partnerships

Oregon’s State Unit on Aging is based in Oregon’s Department of Human Services, Aging and People with Disabilities (DHS/APD), which is responsible for the implementation and administration of programs for older Oregonians and Oregonians with physical disabilities. In addition to overseeing the Older Americans Act (OAA) programs, APD oversees Medicaid long-term care services and supports, older adult abuse prevention activities and adult protective services investigations, and licensing of long-term care facilities in Oregon.

Oregon law calls for policies and a state agency that will ensure “the older citizens of this state are entitled to enjoy their later years in health, honor and dignity, and citizens with disabilities are entitled to live lives of maximum freedom and independence.” (See ORS 410 in Appendix E.) DHS echoes this philosophy in its Mission - To help Oregonians in their own communities achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity. Also, in keeping with this legislative mandate, APD’s vision is that:

“Oregon’s older adults, people with physical disabilities and their families have easy access to services, supports and early interventions that help maintain independence, promote well-being, honor choice, respect cultural preferences and uphold dignity.”

The State Unit on Aging is responsible for implementing the Older Americans Act programs and other community-based long-term services and supports, including Oregon’s Aging and Disability Resource Connection (ADRC) and the state-funded Oregon Project Independence (OPI). (See Appendix F for information on OPI.) The SUA works closely with Oregon’s 16 Area Agencies on Aging (AAAs) to support a comprehensive set of services. While the AAAs provide or contract for direct services to seniors and people with disabilities across Oregon, the SUA coordinates distribution of federal funds, provides training and technical assistance, and ensures statewide oversight and coordination for OAA and related programs.

Two models of AAAs exist in Oregon:

- Ten Type A AAAs primarily administer OAA and OPI programs for their respective planning and service areas (PSAs). Within PSAs with Type A AAAs, local APD offices administer the Medicaid, financial services, adult protective services and regulatory programs.
- Six Type B AAAs administer OAA and OPI programs, and they also administer Medicaid, financial services, adult protective services and regulatory programs for their respective PSAs.

In addition to the AAA network, Oregon has developed a statewide ADRC to increase the visibility of and access to aging and disability resources for Oregonians. Nine ADRC regions involve partnerships between local APD offices, AAAs, Centers for Independent Living, mental health and veterans' agencies and other local partners. The ADRC serves as the public No Wrong Door access for Oregonians seeking information and support for public and privately funded long-term services and care needs.

The State Unit on Aging coordinates closely with other sections within APD that are also working to address issues relating to housing, transportation, prevention services and abuse prevention. Since 2013, state funding has provided statewide training for paid and family caregivers, which is promoted through AAAs and the ADRC. Further, the State Unit on Aging's work to increase service equity of services offered through the AAAs is linked with the development of an APD strategy to increase service equity for all APD programs and services.

APD and the State Unit on Aging coordinate closely with the Oregon Health Authority (Oregon's single state Medicaid agency) regarding older adult mental and behavioral health and public health efforts impacting older adults. The Oregon Health Authority received state funding in 2015 to develop a statewide network of older adult behavioral health specialists. These individuals are working closely with AAAs, APD offices, community mental health agencies and others to develop closer coordination and support for older adults dealing with mental health needs. The state public health division and APD partner on various initiatives to address chronic disease prevention and management, falls prevention, immunizations, and a new focus on oral health.

The State Unit on Aging also benefits from partnerships with other statewide aging services, aging advocacy, and long-term care organizations and agencies. These public-private partnerships are critical in addressing issues including the need for expanded respite services, the growing impact of Alzheimer's disease and other dementias, and efforts to address housing and transportation services.

Planning Process

The SUA approached the State Plan as a chance to more closely align its ongoing work with broader APD Program goals and with priorities identified by local communities during the AAA Area Plan development process. Oregon's Area Agencies on Aging (AAAs) developed and completed Area Plans in 2016 for the 2017–2020 calendar years. This State Plan on Aging effectively incorporates the 16 Area Plans to direct delivery of Oregon's aging services, especially OAA programs. Much of what is included in the 16 Area Plans heavily reflects local input from partners and consumers. As a result, the plans represent the identified local needs for delivery of these programs.

During early planning to develop formal Instructions to the AAAs for development of their Area Plans, the SUA consulted with the Governor's Commission on Senior Services (GCSS) and their input was incorporated into the process. Members of the GCSS and Oregon Disabilities Commission (ODC) also helped the SUA review the submitted Area Plans and continued to advise and assist in early planning for the State Plan. A broader Advisory Workgroup was subsequently formed, consisting of representatives of the GCSS, the ODC, AAAs, APD staff, the Long Term Care Ombudsman, DHS Tribal Affairs Director, and SUA staff (see Appendix B). This core workgroup, several of whom had recently been involved with Area Plan development, was tasked with development of an overall vision or theme and overarching goals to guide planning efforts, and core principles to guide selection and prioritization of plan activities. The workgroup also advised on priorities, strategies and actions to include in the plan. Their input and recommendations are incorporated throughout the Plan and specifically in the State Priorities & Focus Areas, detailed below.

In addition to this Advisory group, smaller working groups, led by SUA staff, addressed the required federal focus areas and additional priorities identified by the Advisory workgroup. They identified and prioritized objectives and strategies based on collective input and guidance. Those groups included AAA program staff, senior advisory council members, and community advocates.

The State Plan reflects state level planning to support delivery of local services and alignment with aging programs in Oregon over the next four years. Additionally, the Oregon SUA has aligned future State Plans' timing with development of Area Plans. Finally, the SUA has recently engaged AAAs about possible implementation of a cost sharing policy for OAA services. Cost sharing is currently not a part of OAA service delivery in Oregon and is not being considered for the period of this plan.

Public Input

This State Plan was available for public input throughout June 2017, and on June 28, 2017, the SUA held a public hearing for final input. Public feedback was considered and incorporated into the final Plan.

State Priorities & Focus Areas

Oregon Priorities

The Advisory workgroup considered a number of issues, trends, and challenges. Oregon's population is aging and will continue to age, and there are an increasing number of people with disabilities. As the older adult population increases, so will the number of adults with chronic health conditions, and direct costs due to health conditions in Oregon will increase. The aging and disability populations are also becoming more racially, ethnically, culturally, and linguistically diverse. Oregon is experiencing an uneven pace of economic recovery, especially in rural parts of the state. Jobs are returning, but with lower skill requirements, wages and hours. There is also an increasing cost of housing and a crisis in available, affordable dwellings. The state faces significant budget challenges in the 2017-2019 state biennial budget along with uncertainties regarding federal programs and funding. This population growth combined with fiscal constraints affects efforts to meet needs and has the potential to weaken the safety net. In short, state and federal funds are not increasing commensurate with demand, and there is a greater need for resources while fewer resources are available.

With this context, the Advisory workgroup developed a specific vision, set of goals and core principles for State Plan efforts.

Vision: All Oregonians are able to safely age in the setting of their choice, in health and independence, with honor and dignity, and respect for their cultural, socio-economic, geographical placement and linguistic needs.

In addition, strategies and actions developed for this plan will:

- Encompass a philosophy which respects individuals' personal choices, needs, values, preferences, cultures and diverse backgrounds;
- Support or enhance service equity. Service Equity ensures that the care, options, and services are respectful of and responsive to the cultural, socio-economic, geographical placement, and linguistic needs of all individuals;
- To the extent possible, include activities that work toward building stronger relationships with and educating advocacy groups so they can speak on behalf of their communities to legislative and governmental policy-makers, to other agencies and across systems and funding streams;
- Include innovation when exploring service accessibility and delivery and funding opportunities; and
- Future program service development, delivery and sustainability will be developed around the ability to expand and meet the growing aging population in Oregon.

Goals: The goals of the APD program were adopted to align State Plan efforts with the overall APD program.

- Ensure the safety and protection of the population we serve with a focus on prevention.
- Facilitate broad awareness of, and easy access to, services.
- Invest in preventive services to keep people independent, safe and healthy for longer periods of time.
- Provide person centered services and supports.
- Serve people in an equitable and culturally sensitive manner.
- Promote high quality services by APD, its local partners and providers.
- Increase advocacy efforts to improve outcomes for APD consumers.
- Administer programs with the utmost integrity.

Core principles:

1) Collaborate and leverage resources whenever possible.

- Collaborate with:
 - » AAAs, CILs, Advocates, Providers, ADRC partners, Tribal entities, Veterans agencies, Academic institutions
- Resources to leverage:
 - » State, local, federal and private funds

2) Enhance or develop activities to assure services are provided to those at greatest risk and in greatest need.

- The term “greatest economic need” means the need resulting from an income level at or below the poverty line.
- The term “greatest social need” means the need caused by noneconomic factors, which include-
 - A.) physical and mental disabilities;
 - B.) language barriers; and
 - C.) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that-
 - i.) restricts the ability of an individual to perform normal daily tasks; or
 - ii.) threatens the capacity of the individual to live independently.

3) Implementation must be obtainable, and outcomes measurable, with funding and resources available.

4) Sustainability should guide selection of activities.

- Encourage innovation - maximize/allow services within very limited resources
- Critical need for data to document outcomes and concrete cost savings calculation
 - » Quality Assurance/Improvement – data must be accurate and consistent
 - » Shows spectrum of need of consumers/community

In addition, the Advisory workgroup identified several areas to address in the State Plan and affirmed a strong commitment to implementing the principles of Service Equity across all APD programs. Three specific issues identified - support of behavioral/mental health programs and activities, transportation, and housing – will be addressed across several units in APD and through public-private partnerships and collaboration. SUA staff will be involved in collaborative efforts across programs and will work to include positive approaches and practices across the AAA/ADRC service delivery networks. The workgroup also stressed that, in the current environment, it was important to continue to explore options for sustainability and funding, and those efforts could be aided by identification, support and education of community-level groups, advocates and volunteers (particularly in rural areas). The SUA will work collaboratively across APD and with ADRC community partners on public education, outreach and advocacy efforts. Lastly, an emphasis on access to and knowledge of health and medical equipment/assistive technology services and devices will be included in the specific Aging and Disability Resource Connection/No Wrong Door (ADRC/NWD) Focus Area along with Oregon’s emphasis on Person-Directed Services and Supports and person-centered service delivery.

State Focus Areas

ADRC/No Wrong Door (NWD) Focus Area

The Aging and Disability Resource Connection (ADRC) of Oregon is a core component of our approach to coordinating long-term services and supports for seniors, people with disabilities, their families and caregivers. The ADRC is a national initiative supported by Oregon Department of Human Services (DHS) leadership, federal partners at the Administration for Community Living (ACL), Centers for Medicare and Medicaid Services (CMS) and the U.S. Department of Veterans Affairs (VA). Federal grant and state funds supported the development of Oregon's ADRC system, which now provides statewide coverage with nine regional ADRCs offering free information and assistance and options counseling services to people of all ages, incomes and abilities. Individuals can access information and resources and get connected to services by visiting one of the ADRC site locations across the state, by calling the statewide toll-free number at 1-855-ORE-ADRC (1-855-673-2372), or by going online to www.ADRCoforegon.org.

In Oregon, the ADRC is a collaborative, public-private partnership that aims to streamline consumer access to a complicated and confusing aging and disability Long Term Services and Supports (LTSS) system. The ADRC raises visibility about the full range of options available, provides objective and trusted information and assistance, empowers people to make informed decisions, and helps people easily access services and support. ADRC partners in Oregon include the Centers for Independent Living, Aging and People with Disabilities, AAAs, Community Developmental Disabilities Program(s), Veterans Services, Mental Health Services, tribal entities, coordinated care organizations, and other community-based entities serving older adults and people with disabilities.

Serving as the No Wrong Door (coordinated access system) entry point for the long term services and supports system, ADRC core services help to support individuals and family caregivers preserve their financial resources and remain independent longer by connecting them to less expensive service options in their community, thereby delaying entry into a more expensive long term care system. During a 2015 ADRC consumer satisfaction survey conducted by Portland State University's Institute on Aging, consumers reported the following outcomes as a result of receiving Information and Assistance and Options Counseling services through the ADRC of Oregon:

- 83% reported living in the place they most desire
- 71% reported having enough support to meet their needs and preferences
- 76% reported being more independent as a result
- 76% reported feeling safer in their homes
- 63% reported they were able to expand or maintain activities
- 66% reported they were able to preserve their financial resources
- 67% reported they found services they could afford
- 93% reported they would recommend the ADRC to a friend or family member

In addition, 24% of information and assistance/referral consumers were in rural/frontier communities, and 11.5% of information and assistance/referral consumers are racial or ethnic minorities.

The objectives for this area of the state plan reflect the vision of the ADRC of Oregon, as articulated by the state's ADRC Advisory Council, which is comprised of a mix of public and private state and local agencies and organizations. With strong consumer representation, more than half of the council members are consumers of long-term services and supports.

The following objectives also support these APD program goals:

- Facilitate broad awareness of, and easy access to, services.
- Invest in preventive services to keep people independent, safe and healthy for longer periods of time.
- Implement person-centered case management to serve people in the most independent and culturally sensitive manner.
- Promote high quality services by APD, its local partners and providers.
- Increase advocacy efforts to improve outcomes for APD consumers.
- Administer programs with the utmost integrity.

Objectives, strategies and outcomes

Objective 1: Develop and implement strategies to help ensure that ADRC funding is diverse, sufficient and sustainable.

- Strategies
 - » Develop a business case to demonstrate the impact of ADRC services in Oregon.
 - » Work with ADRCs to develop systems (including time/effort tracking, any needed contracts, IAAs and MOUs) to support NWD Medicaid Administrative Claiming for allowable ADRC services.
 - » Continue work with the Veterans Administration to support and expand Veterans-Directed Home and Community-Based Services (VD-HCBS).
 - » Provide information and resources to increase the business acumen of ADRC partners.
 - » Form a leadership level group (steering committee that is representative of each of the core partners) that meets on a regular basis to talk through system issues. Issues would include collecting/sharing/reporting of data, sustainability, service delivery issues and increasing streamlined access to private and publicly funded services, and oversight of the ADRC business case project.
 - » Engage state level leaders and ADRC partners in identifying ongoing funding and expanding state-level support to ensure ADRC sustainability.
- Outcomes
 - » A written business case report to identify and clarify the value and impact of ADRC services and to enable ADRC partners and advocates to build support for a sustainable ADRC system.
 - » A system for ensuring ADRC support and decision-making that includes all core partners in the ADRC model.

Objective 2: Increase consumer awareness of ADRC services and ensure that consumers experience streamlined access to public and privately funded programs and resources across the aging and disability service network.

- Strategies
 - » Support statewide marketing to promote awareness of ADRC services through use of the toll-free number and website.
 - » Convene regional ADRC meetings with partners to share information on ADRC services and expand outreach.
 - » Develop or refine cross-referral protocols across agencies to support ADRC partners working efficiently together.
 - » Increase coordination and partnership with Access Technologies Inc. (ATI) to identify barriers to accessing health and medical equipment/assistive technology services, enhance information and resources available through the ADRC, and develop training for ADRC staff on available assistive technology and services.
- Outcomes
 - » Increased number of consumers accessing ADRC information and services via the toll-free number and website.
 - » Better coordination across the aging and disability network and improved streamlined access to services for consumers.
 - » Increased awareness of and access to health and medical equipment/assistive technology devices and services through the ADRC of Oregon.

Objective 3: Build on state and national training to ensure a sustainable Information and Referral and Person Centered Options Counseling system and increase the quality, accuracy and consistency of information maintained in the resource database and information documented for core services provided.

- Strategies
 - » Train and certify at least four statewide Person Centered Thinking Approach (PCT) trainers as well as regionally certified trainers for the Oregon Person Centered Options Counseling (PCOC) curriculum.
 - » Develop and implement a comprehensive training program for Information and Referral (I&R) and resource database management.
 - » Build a sustainable comprehensive PCOC training program, based on national ACL model with a combination of on-line and in-person classes that build basic knowledge of concepts, and regional in-person training to practice the skills.
 - » Implement quality assurance measures to ensure required data is being consistently and accurately recorded for I&R and PCOC. Use information to inform training needs and provide technical assistance as needed.
 - » Pursue consolidation or centralization of ADRC resource database management.
 - » Explore options to continue the ability to perform consumer satisfaction surveys on a regular basis.

- Outcomes
 - » A sustainable and comprehensive PCOC training system with balance of basic and complex in-person and online training systems for PCOC, Information and Referral (I&R), and resource database management.
 - » Resource database is maintained according to Alliance of Information and Referral Systems (AIRS) and ADRC standards.
 - » Required data elements are recorded properly for I&R and PCOC.

Objective 4: Maintain support for the statewide technology infrastructure (software solution, toll-free number and public-facing website) and investigate additional/expanded technology options.

- Strategies
 - » Provide contracts management to ensure software vendor remains in compliance with service level agreement and statement of work deliverables.
 - » Act as liaison between software vendor and ADRC staff to ensure reported system deficiencies are corrected timely.
 - » Explore implementing NAPIS (data reporting) component for Older Americans Act (OAA) program reporting.
 - » Explore implementing texting and/or instant messenger functionality for ADRC information and referral.
- Outcomes
 - » A reliable and stable software solution that meets ADRC business needs.
 - » Reduce or eliminate data duplication between systems, improve data collected, and streamline national reporting obligations.
 - » Enhanced information and referral access options for consumers by providing multiple communication channels.

Person-Directed Services and Supports Focus Area

Person-Centered philosophies and Person-directed practices have long existed in Oregon statutory policy as a foundation for delivering services to seniors and individuals with disabilities. Oregon Revised Statute (ORS) 410.020(2) specifically mandates that state programs assure these populations are able to “retain the right of free choice in planning and managing their lives” by, in part, “increasing the number of options” available, “aiding older citizens and citizens with disabilities to help themselves,” and “strengthening the natural support system . . . to further self-care and independent living.” To achieve this statutory mandate, steady and consistent effort must be made to achieve person-directed approaches within the constantly changing long term services and supports systems.

Recent efforts to improve health care and the aging and disability service networks are committed to providing respectful and responsive services and supports to protect a person’s individual independence, dignity and choice. This approach takes into account individuals’ goals, preferences, needs, values, cultures and diverse backgrounds. Depending on the setting, this approach may be called patient-centered care, person-centered care, participant-

directed care, self-determination, and culture change. Regardless of the label used, the approach is based on keeping all decision-making as close to the person receiving services as possible and supporting their choices. The approach is based on ensuring the individual has accurate, objective information in order to make informed decisions. Recognizing Person-Centered Thinking Philosophies and Person-Directed Services and Supports as a focus area in this State Plan ensures that we continue to actively promote this philosophy and practice and incorporate implementation strategies into our changing systems and service delivery models.

We strive for innovative, consumer-preferred, evidence-based and cost-effective services. DHS's APD Program is committed to providing services that are person-centered; to having a service delivery system that is participant-directed; and to using tools and strategies centered on personal preferences and goals for planning. A participant-directed service delivery system that uses a person-centered planning process should include these key elements:

- A philosophy that is rooted in understanding and acknowledging what is important to/for a person, taking into account all factors that affect their life;
- Assisting people to find and use their own voice to express what is important to and for them;
- Actively listening to individuals about their goals, needs, values and beliefs, preferences and choices;
- Putting individual goals, preferences, needs and choices at the center of the planning process;
- Focusing on the individual and a plan that seeks positive outcomes; and
- Enlisting the support of family, friends and professionals chosen by the individual to follow through on ensuring goals, needs, preferences and choices are realized.

A consumer-driven service delivery model lets the participant, or consumer, control the services they receive, who provides them, and how and when those services are delivered. This approach provides people with information and assistance needed to choose and plan for services and supports that work best for them. Examples include being able to hire who they want to provide services. Participant-directed services vary from traditional service delivery models because they stress consumers making decisions that work best for them.

Objectives, strategies and outcomes

Objective 1: The SUA will integrate person-centered principles into all SUA activities, ADRC and OAA programs.

- Strategies
 - » Further expansion of Person Centered Options Counseling (PCOC) services through 9 ADRC regions statewide.
 - » Train and certify 4 state employees as master trainers in Person Centered Thinking Approach training (Michael Smull & The Learning Community) across DHS programs.
 - » PCOC supervisor training integrating parallel process of supervisors role modeling the Person Centered Thinking Approach and Person-Directed practice with their staff in each of the agencies.
 - » PCOC 3-day training incorporating Person Centered Thinking Approach language and person centered practices in the action planning for consumers.

- » Train and certify APD and ODDS state employees in Positive Approach to Care – Working with persons with Dementia and Alzheimer’s – using person centered thinking and practices.
- » Develop a new AAA Director training that includes Person Centered Thinking Approach philosophies and practices.
- » Ensure congruence with person-centered philosophy and approaches in AAA Area Plans.
- » Develop training for liaisons who work with AAAs and ADRC partners which would include Person Centered Thinking Approach philosophies and practices.
- Outcomes
 - » Supports consumers to make use of their strengths, resources, and informal networks and spend private resources wisely.
 - » Helps consumers make informed decisions.
 - » Promotes community living (aging in place), better quality of life and better health for both consumers and caregivers.
 - » Helps consumers avoid or delay institutionalization.
 - » Training offered to all APD, AAA, CIL and other community ADRC partners regionally statewide.
 - » Training offered to staff and providers statewide including case managers, caregivers, personal support workers, etc.

Objective 2: Collaborate with community stakeholders to actively promote and integrate the overarching philosophy of Person-directed Services and Supports across the long-term services and supports spectrum within APD, in current programs and in future planning.

- Strategies
 - » Work with partner organizations for education of legislators, statewide stakeholders and community agencies and providers, and advocate with state and local policy and decision makers.
 - » Work with state academic partners on Consumer Satisfaction Surveys, training materials, and educational sessions and advocacy materials.
 - » Advocate for use of person-centered planning and other methodologies and tools to support Person-Directed Services and Supports throughout the DHS system.
- Outcomes
 - » Attendance and statewide presence at conferences and meetings.
 - » Cross-department training and coordination of training efforts for consistency.
 - » Consumer-Directed Action Plans developed with person-centered thinking will support consumers in:
 - ◆ Having positive control over the life they desire;
 - ◆ Being recognized and valued for their contributions to their communities (past, current and potential); and
 - ◆ Being supported in a web of relationships, both natural and paid, within their communities.

Federally Required Focus Areas

ACL requires that the following focus areas be incorporated into the State Plan. These focus areas reflect those areas identified at the federal level as critical to the continued delivery of OAA and related programs. These programs are equally important to the SUA's work as those identified in the state focus areas.

Older Americans Act (OAA) Core Programs

OAA core programs are those identified in the act as mandatory services to be delivered by all states, typically through AAAs. They are recognized as the foundational programs for the national network of aging services. OAA core programs include supportive services, nutrition services, disease prevention and health promotion services, caregiver support services, Native American programs, and elder rights programs. These areas are addressed below, and we believe that the objectives and strategies identified will allow Oregon to strengthen the delivery of OAA core programs across the state and are integral to achieving improved outcomes for Oregon's older adults.

Quality Management

DHS is obligated by the OAA to perform monitoring on a periodic basis to provide reasonable assurances that OAA grantees administer federal awards in compliance with federal requirements. To this end the SUA, in collaboration with the AAAs, has promulgated standards for area agencies across OAA core programs, developed monitoring tools for key Older Americans Act programs and established both a risk-based and routine monitoring schedule. The SUA is also enhancing a system to reconcile service units with payments every 6 months, and a fiscal monitoring process, as a piece of program monitoring. We will also look at the annual external fiscal audits and related requirements to fully incorporate fiscal monitoring into the AAA monitoring plan.

The Area Agency on Aging monitoring plan serves several purposes:

- To provide a framework of quality assurance (continuous quality improvement) for both the SUA and the AAAs;
- To strengthen communication with AAAs, and among AAAs;
- To celebrate best practices in service delivery;
- To identify and collectively correct areas of weakness at specific AAAs and across the state;
- To comply with federal and state regulations;
- To continue the corrective work done in response to a 2006 Secretary of State audit which found significant material weakness in our monitoring efforts; and
- To prepare for a future Secretary of State Audit.

The SUA believes that a largely self-reported monitoring system produces factual data and honest self-reflection and by using this method, we can leverage our small capacity by conducting periodic onsite and desk reviews. The monitoring plan is based on assumptions that AAAs have in-depth, expert knowledge of the national and state requirements for service delivery and fiscal control, that AAAs are doing regular, thorough monitoring of their program and operational systems, and that AAAs are operating under the practices they believe to be the most

efficient and equitable. The SUA believes that standards may be strengthened and efficiencies gleaned through ongoing program monitoring efforts and standardized reporting and that this is a way to actively share quality improvement and best practices across agencies.

Nutrition Services and Programs

Nutrition Services are a core program of the OAA. Good nutrition is critical to helping older adults and people with disabilities maintain their health and independence as they age. Nutrition services include nutritious meals, available five days per week (through congregate settings or home delivered meals), nutrition education and screening, and assessment and counseling. OAA meals are provided in congregate settings which offer other services to promote socialization, and home delivered meals are provided to those who are homebound, frail, functionally impaired and at risk of being placed out of their homes. The OAA provides Nutrition Services to older adults regardless of income or disability. Those 60 years of age and older, their spouses of any age, and dependents with disabilities who live with the senior and accompany them to the meal site are eligible for nutrition services. Further, the OAA requires targeting services to those in “greatest social and economic need.”

The older adult population in Oregon continues to grow significantly while funding has remained relatively flat. OAA funding for nutrition services was approximately \$25 per older adult in 1990, and in 2013 it was approximately \$12. While nutrition programs receive the greatest portion of the OAA funding, it is not adequate. Funding provided by OAA for nutrition programs represents approximately 47% of the total funding for the programs, and local programs must supplement with additional resources. Other funding may be provided by local or state governments, contributions from communities, and fundraising efforts. Local programs are dependent on other resources, including volunteers and in-kind support, to make ends meet, creating concerns of programs being sustainable for any length of time in the current configuration, and local communities rely on the proven public-private partnerships to be successful.

Racial and ethnic minority older populations have also increased and are projected to continue to do so. Oregon’s population of adults 60 years or older is nearly 23% of the total population. The minority population in Oregon is approximately 10% (60+) of the total population (2014). Racial diversity in Oregon has seen a rapid increase in the last 20 years and is expected to gain 197,000 people through international migration between 1995 and 2025. The Latino population nearly doubled in 10 years and represents the largest minority population in the state (2012). Food insecurity in Oregon for older adults is at 15.7% (2014). As the diversity of the aging population continues to grow, there is greater need to provide nutrition services in a manner that respects individual needs and preferences.

The Nutrition Services objectives and strategies for the State Plan were developed based upon goals and objectives identified within the recently submitted AAA Area Plans and recent conversations with AAA nutrition site coordinators and others. Issues and needs include funding/sustainability challenges in light of increased costs of food and staffing, addressing food insecurity and hunger, strategies to ensure outreach to diverse populations

(e.g., Hispanic, Native American, non-English proficient, LGBTQ), and providing services in a manner respectful and honoring of individual choice, culture, values, and diversity.

The nutrition services objectives below support APD goals which include investing preventive services to keep people independent, safe and healthy for longer periods of time; providing person-centered services and supports; and serving people in an equitable and culturally responsive manner. Challenges identified by AAAs are addressed in the State Plan in an attempt to support and assist AAAs to ensure Oregon will continue to be able to provide nutrition services in a manner that recognizes diverse populations. As Oregon continues to focus on providing person-centered services, the nutrition services strategies support this philosophy. In order for nutrition services to be sustainable it is imperative to ensure the nutrition services provided appeal to the consumers by encouraging them to contribute and direct those services.

Objectives, strategies and outcomes

Objective 1: Older Americans Act nutrition services will be provided in a manner that will be inclusive of the diverse populations of Oregon to ensure equity and inclusion, and support individualization (person-centered/directed) of nutrition services to meet nutritional and social interaction needs.

- Strategies
 - » Assist AAAs to identify ways to increase outreach to diverse populations (e.g., rural, minority, LGBTQ, low income, tribal elders, people with disabilities) within their PSAs.
 - » Promote nutrition education in a manner that promotes equity and inclusivity with identified populations.
 - » Support and promote cultural competency and equity training for nutrition services staff.
 - » Support AAAs to ensure nutrition providers are trained on and practice person-centered thinking when developing menus, and nutrition education.
 - » Work with nutrition coordinators to provide training to enhance staff skills in providing consumer centered and directed meal services, ensuring that nutrition programs are able to meet the needs of an increasingly diverse population.
- Outcomes
 - » Identify and share person-centered models that have effectively reached targeted populations.
 - » Identify and share cultural competency and equity trainings that are readily available.
 - » Identify and promote at least annually person-centered training to nutrition staff.

Objective 2: Support sustainability of OAA nutrition programs.

- Strategies
 - » Assist AAAs to identify and develop new or renew existing partnerships to diversify funding to support and grow local meal programs to serve all eligible participants.
 - » Encourage advocacy at the local and state level for nutrition programs.
 - » Seek to integrate services provided by OAA with services available through Medicaid waiver programs.

- Outcomes
 - » Identify and share state and national successes/best practices to support program funding and sustainability with AAAs.
 - » Develop, with the assistance of nutrition site coordinators, a fact sheet describing OAA nutrition programs (inclusive of program costs, consumers served) that can be used to educate and promote locally and statewide the challenges/barriers to sustainability of nutrition services.

Disease Prevention/Health Promotion

Title IIID of the Older Americans Act was established in 1987 to support disease prevention and health promotion for older adults. Funding is based on Oregon's share of the population aged 60 and over for programs that support healthy lifestyles and promote healthy behaviors. Priority is given to serving elders living in medically underserved areas of the state or those who are of greatest social and economic need.

Since October 2016, OAA Title IIID funds can only be used to support evidence-based programs. Evidence-based disease prevention and health promotion programs have been demonstrated through evaluation and published results to be effective in improving health and wellbeing, or reducing disease, disability, or injury for older adults. Oregon's AAAs are well-positioned to implement evidence-based programs, having adopted a growing number of these programs over the past decade. In addition, since 2013, the Oregon Legislature has allocated funds to AAAs to increase the availability of these evidence-based programs to older Oregonians. AAAs, with support from the SUA, have been exploring opportunities for closer partnerships with health systems, including options for reimbursement to enhance sustainability for the programs. AAAs across the state currently offer a variety of programs addressing falls prevention, physical activity, chronic disease self-management, <https://www.acl.gov/node/507#resourcesupport> for depression, medication management, and transitions from hospital or skilled care to home. More information and specific evidence-based programs can be found in the [Disease Prevention Resources](#) section of ACL's website at <https://www.acl.gov/node/507#resources>

While OAA and state health promotion funds focus specifically on community programs, the SUA also engages with partners to support community environments, systems, and policies to support healthy aging. The SUA works closely with the state Public Health Division to support use of evidence-based programs and to ensure that older adults are part of Public Health data, planning, and policy. Tribes, health systems, mental health agencies, and academic institutions are key partners in helping AAAs and the SUA address the health of older adults.

Initial priorities for inclusion in the disease prevention and health promotion focus area of this state plan were based on issues and needs identified through AAA monitoring and SUA technical assistance to AAAs. Objectives and proposed activities also reflect challenges noted in the AAA Area Plans completed in late 2016, and leading health issues impacting older adults in Oregon, including chronic conditions and falls-related injuries. Draft objectives were shared with AAA health promotion leads and state public health partners for feedback before being finalized.

Oregon has a growing number of older adults and faces the continued challenge of helping older adults reduce the risk of falls, and prevent and manage chronic conditions including mental health needs like depression and anxiety. AAAs and the SUA recognize the growing diversity among older Oregonians, leading to the need for more programs that are culturally appropriate, available in different formats, and offered in languages other than English. In order to continue to support the availability of effective programs, AAAs need access to training for the different evidence-based programs and assistance in accessing any new funding opportunities. The SUA and AAAs continue to work on ensuring collection and use of data on program reach and completion, so as to be able to report on the success and impacts of these programs.

While the Disease Prevention and Health Promotion objectives are supportive of, and aligned with, all of the APD goals, the objectives link most directly with the two following goals:

- Ensure the safety and protection of the population we serve with a focus on prevention.
- Invest in preventive services to keep people independent, safe and healthy for longer periods of time.

Objectives, strategies and outcomes

The following two objectives and the related activities address the SUA's plans for this State Plan period. The first objective addresses SUA support of AAAs expanding reach and sustainability of evidence-based programs under OAA Title IIID and state health promotion funds. The second objective focuses on the SUA's continued work with partners to address the broader systems and environments which enable Oregonians to age well.

Objective 1: Support AAAs in expanding reach of evidence-based health promotion programs.

- Strategies
 - » Support evidence-based program training for AAA staff and volunteers. Identify and promote programs that have been shown to be effective with different populations including Tribes, address health needs including mental/behavioral health, and that are available through flexible methodologies or approaches.
 - » Work with AAAs, state agencies, and community partners to support reimbursement for AAA implementation of health promotion programs.
 - » Support systems to enable AAAs to track data, ensure quality of programs, and share program availability.
 - » Promote statewide health promotion programs in coordination with nutrition, family caregiver, and other OAA programs.
- Outcomes
 - » Training available annually, as needed, for the most commonly implemented programs.
 - » Current list of evidence-based programs included on the SUA website, with clear information on programs that address specific health needs, or that have been adapted and/or implemented with specific populations.
 - » New funding identified to help AAAs sustain evidence-based health promotion programs.
 - » Health promotion program information included as part of ADRC website and outreach.

Objective 2: Collaborate with state and local partners to address health of older adults.

- Strategies
 - » Partner with OHA Public Health programs – including but not limited to immunizations, oral health, chronic disease, and injury prevention – to include the needs of older adults in public health planning, programs, and policy development. Work with Public Health to share available health-related data on older adult populations, and to expand messaging and outreach to address dementia, brain health, accident prevention and caregiver health issues.
 - » Partner with state entities and communities to support age- and dementia-friendly communities.
- Outcomes
 - » OHA-Public Health’s Oregon Healthy Aging index data shared with AAAs and made available on the SUA website.
 - » Information, resources, best practices, and funding opportunities to support age- and dementia-friendly communities posted on the SUA website.

Family Caregiver Support Program (FCSP)

The National Family Caregiver Support Program (NFCSP) supports family caregivers who provide the majority of long term care and support in our country. This program provides services that help caregivers enhance their own lives as well as their care receiver’s. The overall purpose of the NFCSP is to assist family caregivers in their expanding roles by providing support and services that can ease the emotional and physical stress they may have in being a caregiver. By providing support to the family caregiver it can also help prevent or delay placement into a long term care setting saving an estimated \$470 billion annually in the United States.

Family Caregiver support services include caregiver counseling, caregiver supplemental services (which may include legal assistance, home modifications, transportation, assistive technologies, emergency response systems, etc.), caregiver support groups, evidence based caregiver training, respite care, and information for caregivers that links them to services within their community. There are [online toolkits](#) to support caregivers and NFCSP coordinators at Oregon AAAs.

Within the NFCSP, ten percent of the funds allocated for the program can serve older relatives (not parents) age 55 and older providing care to children under the age of 18. This part of the NFCSP is also referred to as the Relatives as Parents Program or RAPP. Two resource guides, “A Resource Guide for Grandparents and Other Relatives Raising Children” and “Oregon’s Legal Guide for Grandparents and Other Older Relatives Raising Children” are available [online](#).

In addition, with the 2016 reauthorization of the Older Americans Act older relatives, including parents now, age 55 and older caring for an adult age 18 to 59 with a disability can now receive services under the NFCSP.

Each Area Agency on Aging AAA is responsible for developing policies and procedures for how they carry out the support services within their service area. They are responsible for determining which of the core services they will

provide. They designate the personnel and determine the funding towards each of the services. For this reason, services may vary from place to place in Oregon.

The Oregon DHS staff have participated statewide on workgroups that address caregiving issues. A committee to develop the State Plan on Alzheimer's Disease in Oregon (SPADO) started meeting in 2010. Early in the process of developing the plan, the group discussed the needs of family caregivers and the wide variety of trainings provided by various entities. Caregivers who support people living with dementia remain an issue that SPADO will continue to address as the current plan is reviewed and revised. In 2016 DHS staff participated in an AARP workgroup that focused on respite care for caregivers. More work will be done on this topic to look at developing respite care opportunities.

In the 2015-2017 biennium there was funding to provide training to family caregivers, as well as paid caregivers through Oregon Care Partners (OCP). OCP is a non-profit entity which was specifically developed for the purpose of providing dementia-focused caregiver training. Both in-person and online training is available. It is expected that funding for this successful program will continue into the new biennium.

Coordination between OAA Title III programs and Title VI grantees (Native American Programs) is a priority for the SUA. For several years the SUA and AAAs have provided support to the Native Caring Conference. This conference provides needed respite as well as education for native caregivers who provide emotional and physical support to those caring for their elders and/or young relative children. The SUA and AAAs have discussed how they can work more collaboratively and effectively with the tribes in Oregon. The SUA will continue to seek opportunities to work with Native American caregivers.

The following objectives are based on some of the issues noted above as well as goals and objectives that were provided in area plans submitted in the fall of 2016, the 2016 monitoring process, and through quarterly meetings that take place with the AAA FCSP coordinators.

Objectives, strategies and outcomes

Objective 1: Increase community awareness of the Family Caregiver Support Program, including older relatives who are caregivers to young children or children who are older and live with a disability, and respite care.

- Strategies
 - » SUA staff to work with AAAs to develop outreach tools as needed for when AAAs are asked to present on the FCSP for community partners or other interested parties.
 - » Ensure resource materials such as handbooks, resource guides, and brochures are kept current and provide to local FCSP staff to use when meeting with community partners or at community events.
 - » Develop a brochure that specifically outlines services to older relatives caring for children.
 - » Help promote activities that are provided by other entities that provide family caregiver activities, such as training, recreational opportunities, etc.
 - » Continue to work with partners to increase respite opportunities.

- Outcomes
 - » Increased utilization of FCSP services for caregivers supporting older family members as well as older relatives caring for young children or their own older children who have disabilities.
 - » More community partners that can assist with activities such as training and providing support services. This will be determined through the monitoring process.

Objective 2: Increase availability of caregiver education, especially for caregivers supporting loved ones with dementia.

- Strategies
 - » Assist in supporting and promoting evidence-based caregiver trainings provided at local AAAs.
 - » Provide input on the fundamental types of training that caregivers request and need, for example providing personal care to a person with dementia.
 - » Assist in the promoting of telephone and telemedicine evidence-based caregiver support programs.
- Outcomes
 - » Caregivers have access to evidence-based training opportunities that help them be better equipped to provide emotional and physical support to their loved one.
 - » Through the monitoring process determine that AAA staff and partners have increased knowledge and understanding on how to educate and support caregivers who provide support to a person living with dementia.
 - » Through the monitoring process, determine that caregiver training is meeting the needs of caregivers in their local areas.

Objective 3: Increase outreach to better serve at risk family caregivers including those who have limited English proficiency, LGBTQ, members of specific ethnic groups, and Native Americans.

- Strategies
 - » Ensure that caregiver resources such as handbooks and brochures are translated into other languages and formats.
 - » Participate in and support tribal activities, such as the Native Caring Conference and help to coordinate Title III and Title VI services.
 - » Help to promote family caregiver activities that are provided by other organizations which serve diverse communities.
 - » Explore and promote caregiver trainings that are culturally responsive.
- Outcomes
 - » At-risk family caregivers have access to services and information that will help them in their caregiving role.
 - » Handbooks translated in other languages will assist caregivers who speak limited English in how to support their loved one. (These [translations](#) are available on Oregon's [Aging and Disability Resource Connection](#) (ADRC) website.)

Legal Assistance and Elder Rights Protection Programs

Oregon's SUA collaborates with the state's AAAs to create and maintain opportunities for elders and persons belonging to other vulnerable populations to get legal assistance when their safety, independence, access to services, and other rights are threatened or compromised. Across Oregon, non-profit organizations, private businesses, and interest groups staff services such as legal clinics, information and referral offices, and public education opportunities to inform communities and individuals on how and where vulnerable Oregonians may access legal advice.

Generally, vulnerable Oregonians should be able to have referrals and access to an attorney when needed, and such legal services can be secured with standard fee, reduced fee, or pro bono (no fee) arrangements, depending on the availability of service providers in any particular community. Additionally, advocacy and protection organizations such as Oregon's Department of Justice, Department of Consumer and Business Services, American Association of Retired Persons, Disability Rights Oregon, public and private guardian and conservator organizations, and numerous law enforcement agencies engage in education and outreach efforts to promote equal access to legal services regardless of race, color, national origin, sex, sexual orientation, religion, and other protected classes. Legal services should be delivered in a culturally responsive manner.

Oregon also promotes elder justice through its Adult Protective Services (APS) programs, Long-Term Care Ombudsman (LTCO) programs, and long-term care / residential facilities licensing programs. In this four year plan period, the state legal assistance developer expects to enter into collaborative work with: the APS program, Oregon's LTCO office (through a memorandum of understanding), its active Working Interdisciplinary Network of Guardianship Stakeholders (WINGS) group, and the various legal service providers which contract with AAAs to provide Title IIIB services. Legal assistance and elder rights protection programs are funded with one or more of federal, state, and local public funds, as well as other grant and private funding arrangements.

The issues addressed in this plan were derived from information received from AAAs in their area plan documents, from AAA self-monitoring questionnaire responses to legal services and elder justice outreach and protection activities, a legal needs survey conducted by Portland State University in collaboration with DHS, Older Americans Act (OAA) service requirements, and collaboratively-developed legal program standards for OAA Title IIIB service providers.

Future operations for many agencies and advocacy organizations may be negatively affected by budget reallocations and funding cuts at both the federal and state levels during this four-year plan period. Nevertheless, coordination among AAAs, Aging and Disability Resource Connections (ADRC), state and other information and referral sources continues to promote improved effectiveness of programs within available resources, increased business acumen for cost-savings or faster response within regional and local programs, and integration of legal services as needed with other advocacy entities.

Elder rights and elder justice include the right to be free from abuse. Under requirements of Title VII of the OAA and relevant state statutes, this Plan includes collaboration and recognition of cross-referral opportunities between legal service providers and adult protective services. Suspected abuse of adults or children in Oregon may be reported to

DHS protective services through this **toll-free number: 1-855-503-SAFE (7233)**. Through various advocacy and legislative efforts, the state continues to promote both mandatory and voluntary reporting of these and other abuses, which can so severely impact individuals, families, and local communities.

The SUA and AAA combined response to an increasing need for legal services will be strengthened and sustained in the coming years through the achievement of the objectives listed below.

Objectives, strategies and outcomes

Objective 1: The SUA will increase the aggregate effectiveness of service delivery and elder rights outreach programs.

- Strategies
 - » SUA and AAAs, in collaboration with contracted legal service providers and other available resources, will work towards shared informational legal education resources for use by ADRCs and the body of OAA legal services contracted providers.
 - » The SUA legal services developer shall be available for technical assistance, or for the coordination of technical assistance by other entities, as may be needed by any particular AAA or its Title IIIB service provider for outreach development for contracted legal services.
 - » The SUA will collaborate with federal entities, including the Administration for Community Living's National Center on Law and Elder Rights (NCLER), to provide effective strategies and educational training for the delivery of legal services to targeted vulnerable populations within AAA service areas.
- Outcomes
 - » SUA will coordinate an in-person, bi-annual, collaborative work and process improvement meeting for each AAA and its legal service provider(s) for 100% of AAAs.
 - » 100% of AAAs will have access to technical assistance for contracting with legal service providers, and IIIB providers will have access to a shared body of knowledge regarding prioritized services under the OAA;
 - » Through coordination with NCLER, each contracted legal service provider shall have access to federally-developed or supported substantive legal education in key areas of elder rights law.

Objective 2: The delivery of AAA-contracted IIIB legal services will be supportive of all applicable legal service standards developed by the SUA and AAAs.

- Strategies
 - » SUA and AAAs will coordinate, as needed, for methodological improvements to service provision and timely collection of non-confidential service-related data.
 - » SUA and AAAs will collaborate with IIIB service providers to ensure legal service program standards are being uniformly achieved.
 - » SUA and AAAs will convene and cooperate to develop a revised and updated set of Title IIIB legal service and Title VII elder justice program standards to ensure that future legal services to protect elder rights may be delivered appropriately to target populations of vulnerable Oregonians.

- Outcomes
 - » The SUA will coordinate to provide effective methods for delivery of legal services and legal education sessions within community settings most likely to reach a greater number of targeted persons and potential clients (delivery of at least two off-site educational presentations annually to result in at least a 10% increase in number of persons reached).
 - » Each AAA will review its legal services contract(s) annually and review its methodology for requests for service proposals on a periodic basis to determine whether legal service needs are being adequately met with available resources.
 - » OAA Title IIIB services will be delivered in Oregon within an updated and appropriate agreed-to framework to ensure compliance with relevant legal requirements and best practices.

American Indian Programs

Oregon’s total American Indian population, according to the 2010 U.S. Census, included 109,223 people as “American Indian or Alaskan Native.” Oregon’s American Indians live in all 36 counties and are about 3 percent of Oregon’s total population. Of the American Indian population, 53,203 are members of the nine federally recognized tribes in Oregon, and the remainder are members of tribes in other states, descendants, individuals who self-identify as American Indian or tribal people from other regions. Of the total population, 6,115 are over the age of 60.

The table below reflects the total population of Oregonians over the age of 60 by Area Agency on Aging region, the Native American population 60 or older, and the percentage of Tribal Elders receiving services in each area. These numbers will serve as a baseline to measure the success of outreach over the course of this plan.

Area Agency on Aging	* Total Population 60+	* Total Native Americans 60+	** % of Tribal Elders (60+) Receiving Services
Community Action Program of East Central Oregon	28,441	418	13%
Community Action Team of Columbia County	11,264	91	12%
Community Connection of Northeast Oregon	16,033	93	9%
Clackamas County Social Services	84,096	450	4%
Council on Aging of Central Oregon	49,917	652	2%
Douglas County Senior Services	32,899	197	5%
Harney County Senior & Community Service Center	1983	36	14%
Klamath & Lake Counties Council on Aging	19,209	335	18%
Lane Council of Governments, Senior & Disabled Services Division	81,673	442	5%
Malheur Council on Aging & Community Services	6189	20	20%

Area Agency on Aging	* Total Population 60+	* Total Native Americans 60+	** % of Tribal Elders (60+) Receiving Services
Multnomah County Aging, Disability & Veterans Services Division	126,407	884	24%
Northwest Senior & Disability Services	114,316	801	3%
Oregon Cascades West Council of Governments	58,964	423	6%
Rogue Valley Council of Governments, Senior & Disability Services	80,502	556	6%
South Coast Business Employment Corporation	28,427	393	4%
Washington County Disability, Aging and Veterans Services	87,846	324	4%

* Based on U.S. Census Bureau American Community Survey (ACS) 5 Year Estimate, 2010-2014

** Based on 2016 State Program Report

The goal of the SUA is to ensure that all elders are connected to information and services regardless of where they may live in the state. Program service delivery for tribal elders occurs primarily at the level of AAAs and Title VI grantees (eligible Tribal organizations which receive OAA funds directly to provide a broad range of services to older Native Americans). As part of the Area Plan development in 2016, coordination of services with each of the tribes in an Area Agency on Aging's PSA was one of the areas on which the AAAs were required to focus. All 16 Area Plans thus contain descriptions for coordination of services to tribal elders in their areas (referred to as Title III/Title VI Coordination).

In addition to the focus on coordination at the local level, APD has added a position of Cultural Navigator who will work directly with the DHS Tribal Affairs Director to coordinate communication and engagement between APD and the nine federally recognized tribes in Oregon. The SUA will work closely with both of these individuals to share information, concerns and to improve relationships and partnerships between tribes and the AAAs.

In April 2017, APD sent a survey to all AAAs and Tribes to determine the level of coordination and collaboration that currently exists between the entities. This survey will serve as a baseline and will inform a work plan on how APD and the SUA can support the Tribes and the AAAs to improve relationships and coordination of services.

Objectives, strategies and outcomes

Objective 1: The SUA will work to improve Title III/Title VI coordination at the state level by working with the APD Cultural Navigator, Tribal Affairs Director, and the nine tribes to insure coordination of communication, information, and services.

- Strategies
 - » Attend quarterly DHS Directors Program/Tribal Administrators meetings.
 - » Attend quarterly SB 770 Health and Human Service meetings.
 - » Meet with Navigator and Tribal Affairs Director as needed.
 - » APD will administer survey annually to track progress of partnerships.
 - » Review service data to determine if providers are serving American Indian elders at the approximate percentage they represent in the service area.
- Outcomes
 - » Use the survey data and information from statewide meetings to create training and communication plans to help improve partnerships and coordination between entities.

Objective 2: The State Unit on Aging will work with AAAs to reach out to tribes and organizations that serve tribal elders to ensure access to services to all elders regardless of where they may live.

- Strategies
 - » In urban areas identify key partner agencies (like Native American Youth and Family Center (NAYA), Native American Resource Association (NARA), and Northwest Portland Area Indian Health Board (NPAIHB)) who connect with tribal populations on a regular basis to share information and work together to enhance or develop services if possible.
 - » SUA will require AAAs who have tribes in their PSA to reach out to the tribes to improve relationships, ensure coordination of services and develop additional services, if possible.
- Outcomes
 - » Strengthened outreach and partnerships with statewide organizations like NARA, NAYA, and NPAIHB and others to ensure access to information and services for all tribal members.
 - » Increased number of tribal members who are informed about programs that are available to them.
 - » Increase services to tribal members by 5% annually.

ACL Discretionary Grants

Senior Medicare Patrol (SMP)

The Senior Medicare Patrol (SMP) is funded through May 30, 2018 by a grant from the Administration for Community Living (ACL). The program's mission is to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors and abuse through outreach, counseling and education. The Oregon SMP uses the ADRC toll-free phone number and website as the best way to connect with SMP. This approach is consistent with Oregon's broader efforts to streamline access to services under the No Wrong Door philosophy.

The Oregon SMP works in partnership with the Senior Health Insurance Benefits Assistance (SHIBA) program, the Office of the Long-Term Care Ombudsman (LTCO), and the Association of Oregon Centers for Independent Living (AOCIL) to achieve the goals of SMP. LTCO-certified volunteer ombudsmen meet with individuals who live in residential care facilities and provide education about reviewing Medicare Summary Notices (MSNs) to detect questionable charges. SHIBA volunteer counselors possess a wealth of knowledge about Medicare to inform beneficiaries about protecting their Medicare ID, detecting charges for services they do not recognize, and reporting suspected fraud or abuse to the SMP. The partnership with AOCIL expands the reach of the Oregon SMP to provide education and assistance to Medicare beneficiaries who experience a disability. The Oregon SMP works closely with each partner agency to help coordinate SMP training and provide support and technical assistance and oversight for SMP team members.

During calendar year 2016, the Oregon SMP had 219 active volunteers around the state. Together, they contributed more than 4,300 hours to the program and conducted SMP individual interactions with nearly 10,000 people. Furthermore, the SMP presented 568 group outreach and education events that reached a combined audience of more than 20,000.

The Oregon SMP continues to develop and enhance partnerships within local communities to leverage resources and educate more people about health care fraud, errors and abuse. Collaborations with faith-based organizations, senior centers, law enforcement agencies and other community organizations increase community awareness about SMP services and alert people to relevant scams.

Refer to Appendix D for the SMP work plan.

ADRC/No Wrong Door

The current two year No Wrong Door (NWD) grant from ACL (funded through September 30, 2018) supports Oregon's most recent efforts to enhance the Aging and Disability Connection (ADRC) of Oregon. The project seeks to create a clear business case for Oregon's statewide ADRC system, increase public outreach and coordination with referral sources, and work toward sustainable solutions for providing Person Centered Options Counseling. ADRC serves as a coordinated access system to long-term services and supports. Individuals access the ADRC in person, by telephone and via the Internet to learn about community resources and programs that may be able to provide support. ADRC services are available to all and are not subject to means testing. While Oregon began its work on

ADRC in 2010, the No Wrong Door grant represents an opportunity to strengthen the established partner network and lay the groundwork for a more sustainable program future. Oregon will utilize the current \$335,000 grant award to enhance the statewide expansion of ADRCs and fully integrate with OAA programs.

Refer to State Priorities and Focus Areas section for more detail and to Appendix D for the NWD work plan.

Medicare Improvements for Patients and Providers Act (MIPPA)

Medicare Improvements for Patients and Providers Act (MIPPA) was enacted by Congress in 2008. The Oregon MIPPA project, currently funded through September 29, 2017 by a grant from the Administration for Community Living (ACL), aims to connect individuals who may be eligible for Medicare Savings Programs (MSP), which help pay for Medicare Part B, and Low Income Subsidy (LIS), a program that helps pay Medicare Part D premiums and reduces the cost of prescription drugs. MIPPA allocates federal funding for State Health Insurance Assistance Programs (SHIPs; known in Oregon as SHIBA), Area Agencies on Aging (AAA), and Aging and Disability Resource Connections (ADRC) to achieve its mission, and Oregon DHS works in partnership with the SHIBA program and Multnomah County Aging, Disability and Veterans Services (MCADVS) to conduct outreach and provide assistance to eligible individuals in completing applications for MSP and LIS. The Oregon Medicare Savings Connect (OMSC) is a toll-free hotline hosted at MCADVS that is staffed by an outreach coordinator who specializes in MSP and LIS benefits.

During the most recently completed program year (ended September 29, 2016), the Oregon MIPPA project screened 7,075 Oregonians for MSP and 9,446 for LIS. Taking the outreach a step further, the MIPPA grant supported direct assistance to 559 individuals completing the MSP application and 801 more with the LIS application. The Social Security Administration (SSA) estimates the annual value of MSP benefits to be \$4,000 and \$1,405 for LIS, and National Council on Aging (NCOA) estimates that 60% of applications result in benefits being issued. These values translate to an estimated value of more than two million dollars in savings attributable to the Oregon MIPPA in the most recently completed project year.

MIPPA program funds have become available for FFY 2018, and Oregon will apply for these funds.

Participant-Directed/Person-Centered Planning

(Refer to State Priorities and Focus Areas)

Elder Justice

(Refer to Legal Assistance and Elder Rights Protection Programs)

Appendix A — Public Feedback

The SUA consulted with the Governor’s Commission on Senior Services (GCSS) regarding Area Plan development. Members of the GCSS and Oregon Disabilities Commission (ODC) also helped the SUA review the submitted Area Plans and continued to advise and assist in State Plan efforts. A broader Advisory Workgroup was formed, consisting of representatives of the GCSS, the ODC, AAAs, APD staff, the Long Term Care Ombudsman, DHS Tribal Affairs Director, and SUA staff (see Appendix B). Smaller workgroups were also involved in the development and prioritization of specific program objectives. Input and recommendations from these groups are incorporated throughout the Plan, and input from the advisory workgroup was solicited on an early final draft of the Plan.

This State Plan was available on the SUA website for public input throughout June, 2017. Availability of the plan and a request for comments was announced via news releases, the Secretary of State’s Bulletin, broad stakeholder email blasts, social media announcements, and notices to other interested parties and the general public. In addition, partners were contacted specifically with a Request to Comment, including the members of the GCSS and ODC, the Advisory workgroup, the ADRC Advisory Committee, all 17 AAAs and Advisory Councils, Centers for Independent Living and Oregon’s SILC, tribal entities, AAA contracted partners, and general APD stakeholders.

A public hearing was also held at the DHS Human Services Building on June 28, 2017.

Public feedback was considered and incorporated into the final Plan.

Appendix B — State Plan Advisory Workgroup

2017-2021 State Plan on Aging Advisory Workgroup

Governor’s Commission on Senior Services & Oregon Disabilities Commission

Ruth McEwen
Sherry Stock
Jim Davis
LeRoy Patton
Ken Viegas

Area Agencies on Aging

Kati Tilton
Mjere Simantel
Dave Toler
Maegan Pak

Aging and People with Disabilities

Rebecca Arce
Mike Marchant
Shannon Hunter
Christy Shipman

Long Term Care Ombudsman

Fred Steele

Tribal representation

Nadja Jones

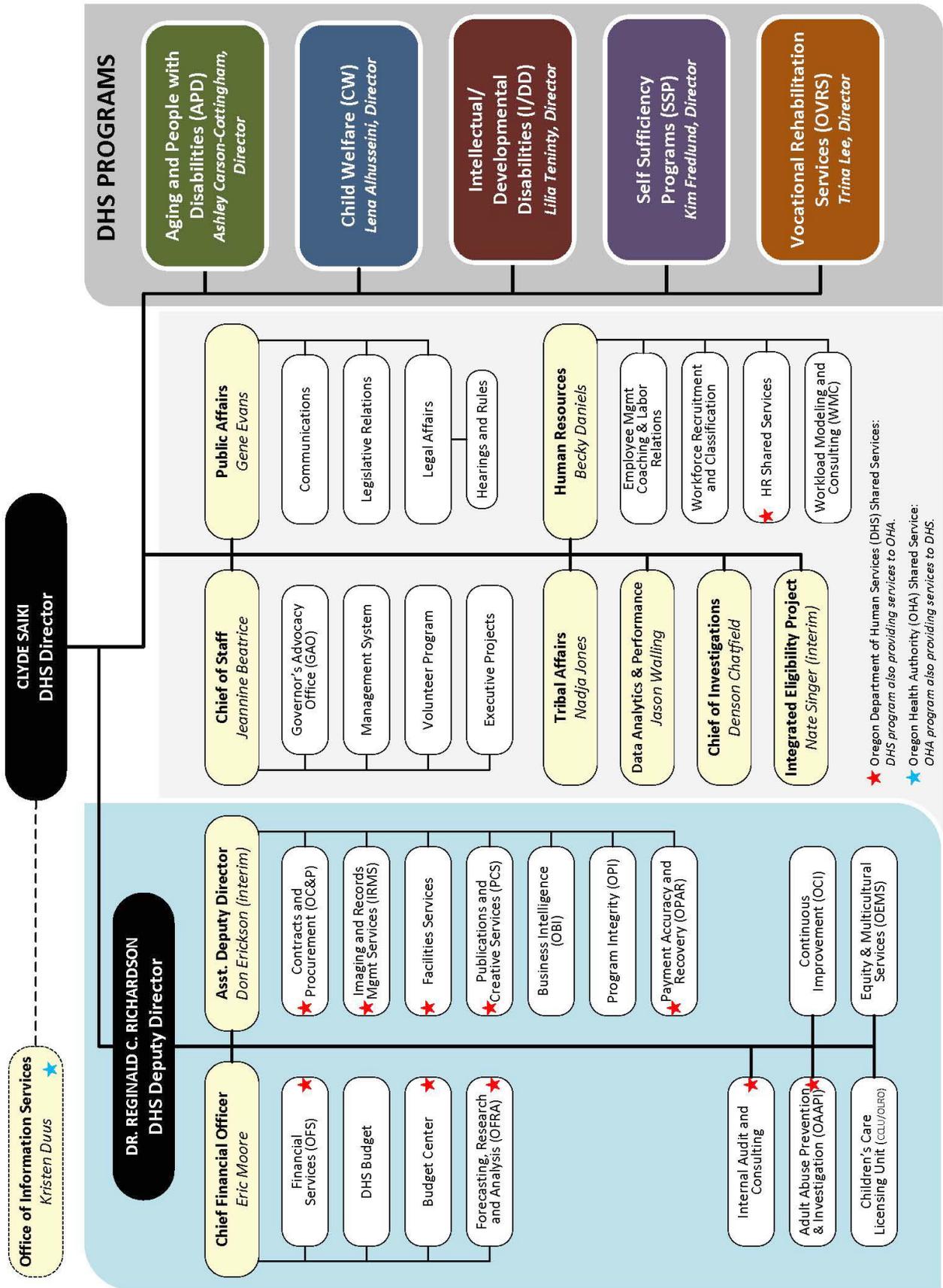
SUA Staff

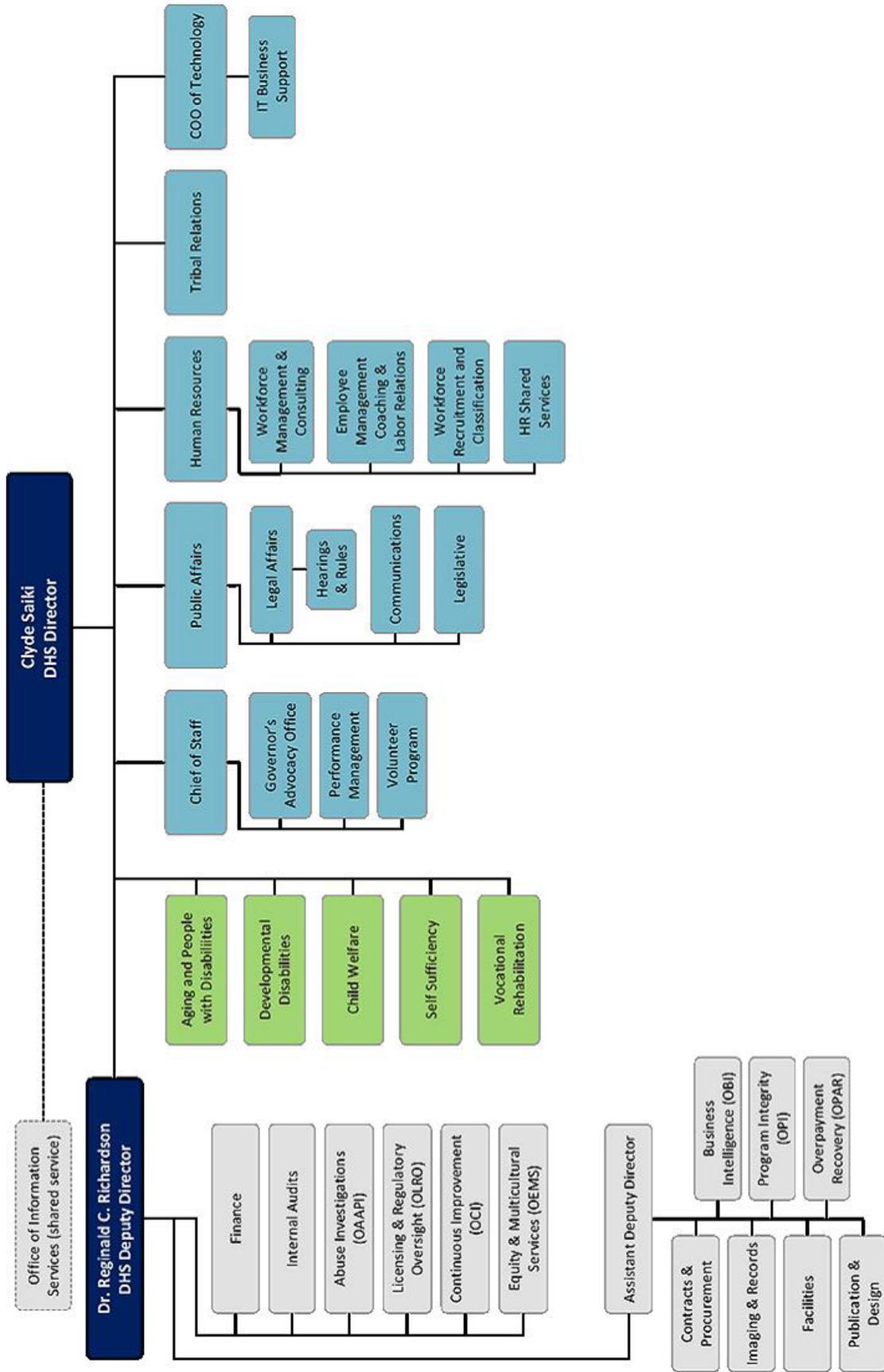
Sarah Odell
Deb McCuin

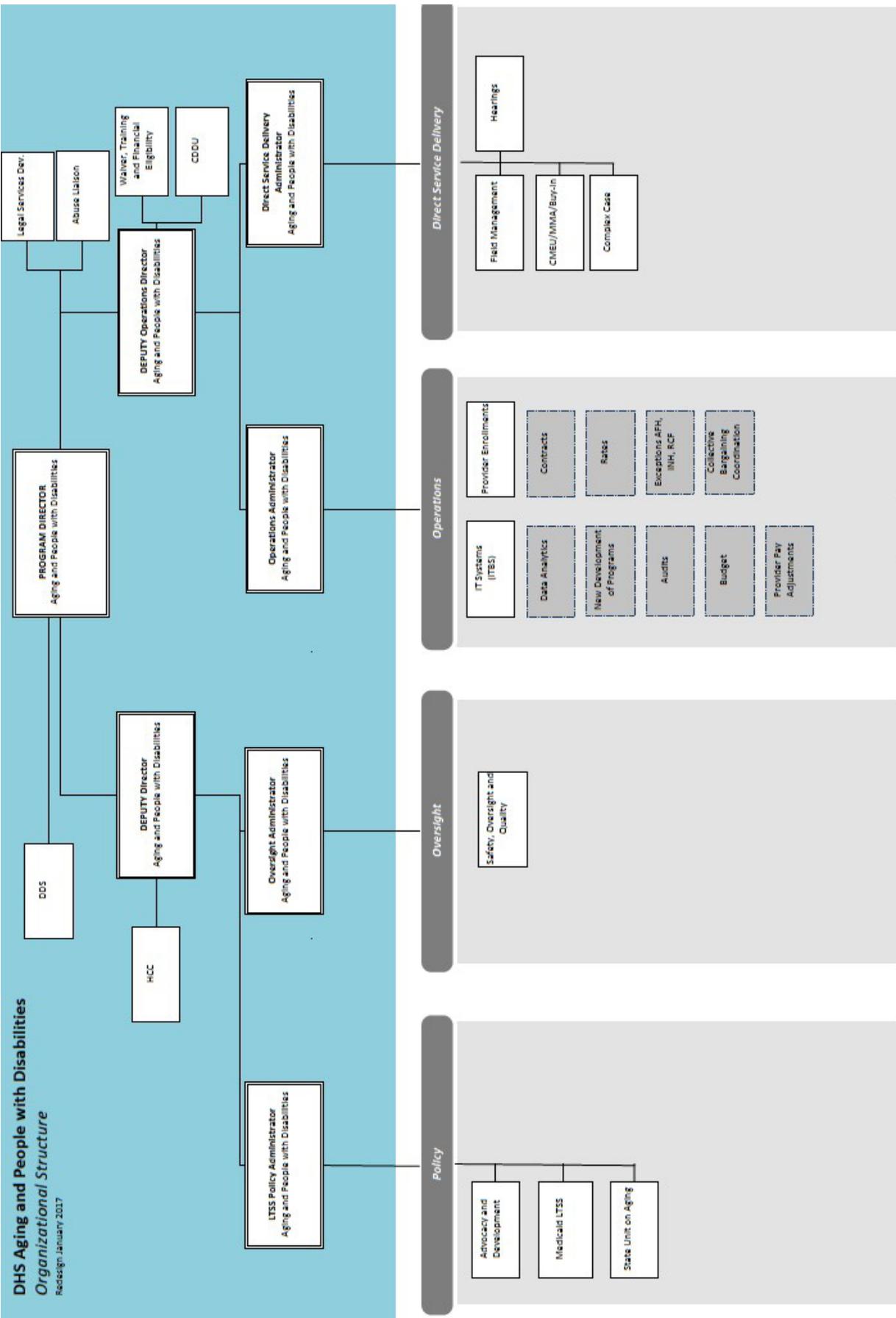
Appendix C — Organizational Charts

LAST UPDATED 01/31/2017

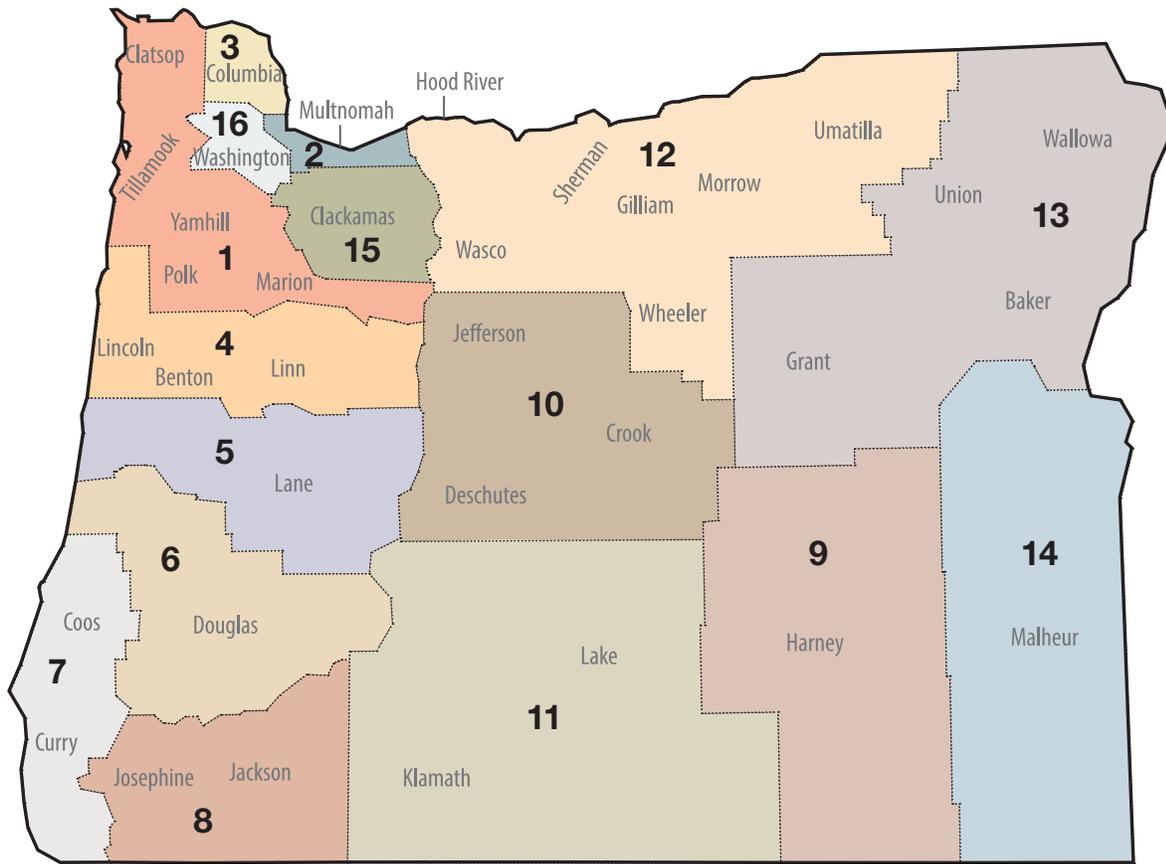
OREGON DEPARTMENT OF HUMAN SERVICES - Organizational Structure







Oregon Area Agencies on Aging Planning and Service Areas



<p>1. NWSDS - (Type B Transfer) Northwest Senior & Disability Services</p>	<p>7. SCBEC - (Type A) South Coast Business Employment Corp.</p>	<p>12. CAPECO - (Type A) Community Action Program of East Central Oregon</p>
<p>2. MCADVS - (Type B Transfer) Multnomah County Aging, Disability & Veterans Services</p>	<p>8. RVCOG - (Type B Contract) Rogue Valley Council of Governments</p>	<p>13. CCNO - (Type A) Community Connection of NE Oregon</p>
<p>3. CAT - (Type A) Columbia Action Team</p>	<p>9. HCSCS - (Type A) Harney County Senior & Community Services Center</p>	<p>14. MCOACS - (Type A) Malheur Council on Aging and Community Services</p>
<p>4. OCWCOG - (Type B Transfer) Oregon Cascades West Council of Governments</p>	<p>10. COACO - (Type A) Council on Aging of Central Oregon</p>	<p>15. CCSS - (Type A) Clackamas County Social Services</p>
<p>5. LCOG - (Type B Transfer) Lane Council of Governments</p>	<p>11. KLCCOA - (Type A) Klamath & Lake Counties Council on Aging</p>	<p>16. WCDAVS - (Type A) Washington County Disability Aging & Veteran Services</p>
<p>6. DCSS - (Type B Contract) Douglas County Senior Services</p>		

Appendix D — Discretionary Programs

SMP Project Work Plan – Year 3

Goal: Increase statewide awareness about health care fraud prevention through community presentations.

Measurable Outcome: Increase educational opportunities to empower Medicare beneficiaries, their families and their caregivers to prevent health care fraud.

* Time Frame (Start/End Dates by Month in Project Cycle)

Major Objectives	Key Tasks	Lead Person	1	2	3	4	5	6	7	8	9	10	11	12
1. Conduct timely and targeted SMP outreach activities.	<p>Model best practices of top performing SHIBA/SMP Sub-grantees from previous SMP grant period, e.g. Document shred/safe prescription disposal events, etc.</p> <p>Each sub-grantee must conduct 20 group education outreach events per year (1-2 per month)</p> <p>25% of the events should be targeted to rural populations.</p> <p>8 events should be targeted to Oregon’s federally recognized Native American Tribes.</p> <p>Collect SMP Group Education Outreach event forms from sub-grantees on a monthly basis.</p>	State SHIBA-SMP Grant Coordinator	x	x	x	x	x	x	x	x	x	x	x	x
	<p>CILs will promote SMP at 20 community outreach education events reaching at least 1,500 consumers and stakeholders.</p> <p>Distribute SMP materials in group and individual settings through community outreach education events that CILs either participate in or sponsor.</p>	AOCIL SMP Coordinator and seven CIL SMP leads	x	x	x	x	x	x	x	x	x	x	x	x

Major Objectives	Key Tasks	Lead Person	1	2	3	4	5	6	7	8	9	10	11	12
	<p>Conduct outreach events to LTCO audiences in rural areas including: Baker, Union, Grant, Umatilla, Hood River, Wasco, Columbia, Clatsop, Tillamook, Coos, Curry, Jefferson and Crook counties.</p>	LTCO SMP Coordinator	x	x	x	x	x	x	x	x	x	x	x	x
	<p>LTCO will plan a dedicated month for Resident Council outreach. Work with LTCO deputies on outreach, present the plan to Certified Ombudsmen and SMP volunteers, provide materials for outreach and track results.</p>	LTCO SMP Coordinator			x	x	x	x	x					
<p>2. Provide SMP training to staff and volunteers.</p>	<p>Provide training on how to use the Medicare Rights Centers' Medicare Minutes and other SHIP/SMP outreach tools for group education outreach events.</p> <p>Hold monthly conference calls with local SHIBA/SMP Coordinators on the subject of outreach.</p> <p>Record or provide access to pre-recorded webinars on the various SMP outreach tools for local SHIBA/SMP volunteers.</p>	State SHIBA-SMP Grant Coordinator	x	x	x	x	x	x	x	x	x	x	x	x
	<p>Provide quarterly SMP training for new LTCO volunteers and staff and report results to Oregon SMP.</p>	LTCO SMP Coordinator	x			x			x			x		
	<p>Present SMP updates and information, including Resident Council presentations, at annual LTCO training event and provide follow up materials and support.</p>	LTCO SMP Coordinator				x	x	x						

Major Objectives	Key Tasks	Lead Person	1	2	3	4	5	6	7	8	9	10	11	12
3. Distribute SMP information to Medicare beneficiaries, their families and their caregivers.	CILs will meet one-on-one with new consumers during in-take appointments to share SMP materials and offer to be a one-on-one resource.	AOCIL SMP Coordinator and seven CIL SMP intake coordinators	x	x	x	x	x	x	x	x	x	x	x	x
	CILs will promote SMP awareness through electronic and print materials.	AOCIL SMP Coordinator and seven CIL SMP leads	x	x	x	x	x	x	x	x	x	x	x	x
4. Develop partnerships with additional organizations to reach new audiences.	New partnerships will be pursued with AARP, local faith based groups, Disability Rights Oregon, Service Employees International Union (SEIU) – foster homes, community groups, Elks and service clubs, Elders in Action.	LTCO SMP Coordinator	x	x	x	x	x	x	x	x	x	x	x	x

Oregon No Wrong Door System Proposal – Work Plan Year 1

June 6, 2016

Goal: To offer optimal access for individual health and well-being by increasing the sustainability and expansion of Oregon’s statewide ADRC system.

Measurable Outcomes:

1. By end of year 2, have a written business case report to identify and clarify the value and impact of ADRC services and enable ADRC partners and advocates to build support for a sustainable ADRC system.
2. A 10% increase in calls to the ADRC as tracked in the statewide ADRC system, a 5% increase in ADRC web hits for each year of the grant, and 10% increase in consumers who speak limited English.
3. Increase by 10% access to and use of assistive technology devices and services as tracked through ADRC referrals, comprehensive listing of services in the ADRC web-based resource database, and increased use of Oregon’s Access Technology assistive technology services.
4. A sustainable and comprehensive PCC training system with balance of basic and complex in-person and online training systems.

Objectives	Key Tasks – YEAR 1 (September 30, 2016 – September 29, 2017)	Lead Person(s)	O N D J F M A M J J A S													
			O	N	D	J	F	M	A	M	J	J	A	S		
1. Develop a business case to demonstrate the impact of ADRC services in Oregon.	a. RFP to identify and develop contract with consultant to develop business case for ADRC impact.	ADRC coordinator	x	x	x											
	b. Expand existing state-level ADRC Steering Committee to create state/ADRC workgroup to work closely with consultant in identifying key areas of data and impact to include.	ADRC coordinator	x	x	x											
	c. Identify outcomes and data relevant to demonstrating ADRC impact, and develop framework/report on ADRC business case.	ADRC consultant & workgroup				x	x	x	x	x	x	x	x	x	x	
	d. Work with PSU to ensure questions for consumer satisfaction survey contribute to outcomes/impacts relevant to ADRC business case.	ADRC consultant; ADRC coordinator										x	x	x	x	

Objectives	Key Tasks – YEAR 1 (September 30, 2016 – September 29, 2017)	Lead Person(s)	Year 1													
			O	N	D	J	F	M	A	M	J	J	A	S		
2. Increase consumer awareness of and access to ADRC services through expanded outreach and coordination with statewide referral sources.	a. Translate and distribute ADRC materials in at least three additional languages. Vietnamese, simple Chinese, and Russian.	Outreach coordinator		x	x	x	x									
	b. Work with ADRCs to identify and share effective translation and interpretation resources and services.	Outreach coordinator/ ADRCs		x	x	x	x	x	x							
	c. Convene regional ADRC meetings with partners to share information on ADRC services and expand outreach.	Outreach coordinator						x	x	x	x	x	x	x	x	
	d. Partner with Access Technologies Inc. (ATI) to identify barriers to accessing AT services among ADRC consumers, and to develop training for ADRC staff on AT services.	Policy Analyst ATI			x		x			x		x			x	
	e. Ensure ADRC resource database includes listings of available assistive technologies resources.	Policy Analyst ATI							x	x				x	x	
	f. Ensure ongoing coordination between ADRC and ATI through representation on each other's advisory councils, and system for regular communication.	Policy Analyst ATI		x		x			x			x		x		x
	g. Develop cross-referral protocols between statewide ADRC and ATI.	Policy Analyst ATI							x			x		x		x

Objectives	Key Tasks – YEAR 1 (September 30, 2016 – September 29, 2017)	Lead Person(s)	Month													
			O	N	D	J	F	M	A	M	J	J	A	S		
3. Build on state and national training to ensure a sustainable Oregon PCC system.	a. Develop a comprehensive training program for I&R and updating of resources, with input on training content and training delivery strategies from a workgroup including ADRC staff and leadership;	I&A/ database coordinator	x	x	x											
	b. Deliver I&A and resource management training through statewide training sessions to approximately 275 I&R Specialists and 14 resource managers.	I&A/ database coordinator			x	x	x	x	x							
	c. Assess results of in-person training and create a sustainable I&R training program with online videos and tools that can be used by regional ADRC staff trainers to train incoming staff.	I&A/ database coordinator						x	x	x	x					
	d. Deliver minimum of 3-4 two-day Person-Centered Thinking and Practice (PCTP) and 4-5 one-day in-person trainings.	Training coordinator/ OTAC		x	x				x	x	x	x				
	e. Train and certify at least four Person Centered Options Counselor (PCOC) trainer candidates to develop a sustainable training network.	Training coordinator/ OTAC		x	x	x	x	x	x	x	x	x	x	x		
	f. Build sustainable on-line training, based on national Elsevier and/or Oregon on-line training system.	Training coordinator/ OTAC							x	x	x	x	x	x	x	x

Oregon No Wrong Door System Proposal – Work Plan Year 2

June 6, 2016

Goal: To offer optimal access for individual health and well-being by increasing the sustainability and expansion of Oregon’s statewide ADRC system.

Measurable Outcomes:

1. By end of year 2, have a written business case report to identify and clarify the value and impact of ADRC services and enable ADRC partners and advocates to build support for a sustainable ADRC system.
2. A 10% increase in calls to the ADRC as tracked in the statewide ADRC system, a 5% increase in ADRC web hits for each year of the grant, and 10% increase in consumers who speak limited English.
3. Increase by 10% access to and use of assistive technology devices and services as tracked through ADRC referrals, comprehensive listing of services in the ADRC web-based resource database, and increased use of Oregon’s Access Technology assistive technology services.
4. A sustainable and comprehensive PCC training system with balance of basic and complex in-person and online training systems.

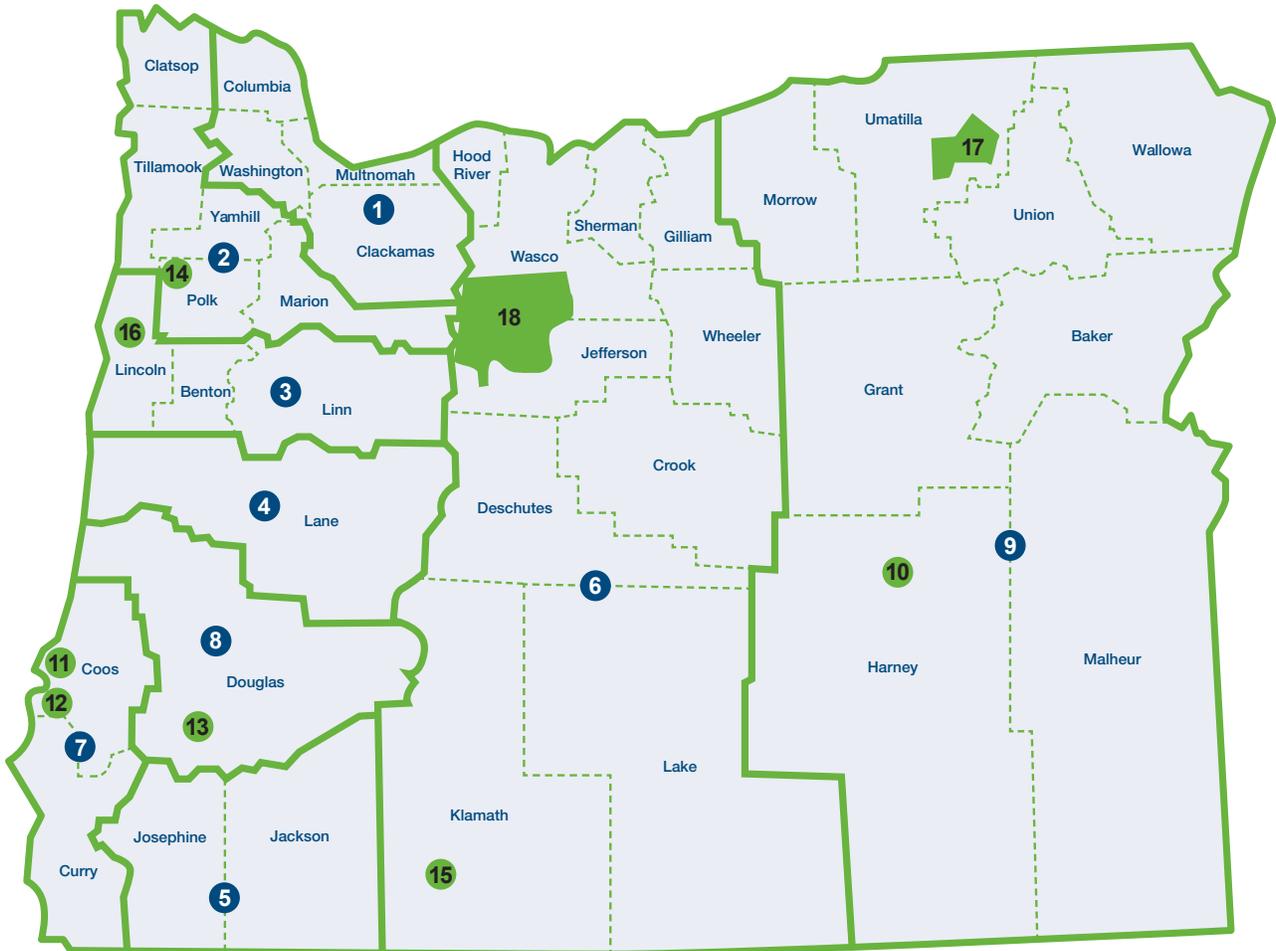
Objectives	Key Tasks – YEAR 2 (September 30, 2017 – September 29, 2018)	Lead Person(s)	O N D J F M A M J J A S												
			O	N	D	J	F	M	A	M	J	J	A	S	
1. Develop a business case to demonstrate the impact of ADRC services in Oregon.	a. Continue work on business case.	ADRC consultant; ADRC workgroup	x	x	x	x	x	x	x	x					
	b. Conduct statewide ADRC consumer satisfaction survey, ensuring that key questions relevant to business case are included.	PSU	x	x	x	x									
	c. Finalize business case report.	ADRC consultant								x	x	x	x		
	d. Share report with key partners, Legislators, and advocates and take action accordingly	ADRC workgroup; ADRCs											x	x	x

Objectives	Key Tasks – YEAR 2 (September 30, 2017 – September 29, 2018)	Lead Person(s)	Month													
			O	N	D	J	F	M	A	M	J	J	A	S		
2. Increase consumer awareness of and access to ADRC services through expanded outreach and coordination with statewide referral sources.	a. Translate and distribute three additional languages: Korean, Chinese, and Japanese.	Outreach coordinator	x		x		x		x		x		x		x	
	b. Support statewide marketing to promote awareness of ADRC services.	Outreach coordinator	x		x		x		x		x		x		x	
	c. Continue from Y1 to work with ADRCs to share effective translation and interpretation resources and services, to ensure that limited English proficient, hard-of-hearing/deaf and other communities have access to ADRC services.	Outreach coordinator/ ADRCs	x			x				x				x		
	d. Provide training and TA for ADRC staff on availability and benefits of AT services for all populations served.	Policy Analyst ATI		x	x	x	x									
	e. Ensure ADRC resource database continues to be updated at least annually with listings of all available assistive technologies resources.	Policy Analyst ATI		x						x						
	f. Provide information about AT and the Oregon AT program and services on the ADRC website.	Policy Analyst ATI		x		x		x		x		x		x		x
	g. Continue from Y1 ongoing coordination between ADRCs and ATI through representation on each other’s advisory councils, and system for regular communication.	Policy Analyst ATI		x		x		x		x		x		x		x
	h. Assess and improve cross referral processes as appropriate.	Policy Analyst ATI	x			x				x				x		

Objectives	Key Tasks – YEAR 2 (September 30, 2017 – September 29, 2018)	Lead Person(s)	O	N	D	J	F	M	A	M	J	J	A	S
			3. Build on state and national training to ensure a sustainable Oregon PCC system.	a. Ensure continuation of staff training through on-line training modules.	I&A coordinator	x	x	x	x	x	x	x	x	x
	b. Provide continuing statewide I&A and resource database networking and problem-solving calls to share challenges and best practices.	I&A coordinator	x		x		x		x		x		x	
	c. Continue to deliver the 1 and 2-day training classes statewide, with minimum of one class per trainer each year.	Training coordinator	x		x		x		x		x		x	
	d. Review and monitor use of on-line PCTC class, revising training as needed based on evaluations.	Training coordinator		x					x					
	e. Add questions to PCOC web survey sent out twice/year regarding PCTC in-person and online classes.	Training coordinator	x					x						

Oregon's ADRCs

Aging and Disability Resource Connection



ADRC
 Aging and Disability
 Resource Connection
 — of OREGON —
www.ADRCofofOregon.org
 1-855-ORE-ADRC (673-2372)

Oregon's ADRCs

- 1 Multnomah, Clackamas, Washington and Columbia
- 2 Marion, Polk, Yamhill, Clatsop and Tillamook
- 3 Linn, Benton and Lincoln
- 4 Lane
- 5 Josephine and Jackson
- 6 Hood River, Wasco, Sherman, Gilliam, Wheeler, Jefferson, Crook, Deschutes, Klamath and Lake
- 7 Coos and Curry
- 8 Douglas
- 9 Morrow, Umatilla, Union, Wallowa, Baker, Grant, Harney and Malheur

Nine Federally Recognized Tribes of Oregon

- 10 Burns Paiute
- 11 Coos, Lower Umpqua, Siuslaw
- 12 Coquille
- 13 Cow Creek Umpquas
- 14 Grand Ronde
- 15 Klamath
- 16 Siletz
- 17 Umatilla
- 18 Warm Springs



Appendix E — State Policy on Aging

SERVICES FOR SENIORS AND PEOPLE WITH DISABILITIES

(Generally)

410.010 State policy for seniors and people with disabilities. (1) The Legislative Assembly finds and declares that, in keeping with the traditional concept of the inherent dignity of the individual in our democratic society, the older citizens of this state are entitled to enjoy their later years in health, honor and dignity, and citizens with disabilities are entitled to live lives of maximum freedom and independence.

(2) The Legislative Assembly declares that the policy of this state is to provide and encourage programs necessary to fulfill the commitment stated in subsection (1) of this section and that the purpose of policies stated in this section and ORS 410.020 is to provide a guide for the establishment and implementation of programs for older citizens and citizens with disabilities in this state. It further declares that the programs shall be initiated, promoted and developed through:

- (a) Volunteers and volunteer groups;
- (b) Partnership with local governmental agencies;
- (c) Coordinated efforts of state agencies;
- (d) Coordination and cooperation with federal programs;
- (e) Partnership with private health and social service agencies;

(f) A designated state agency that will encourage and work with older citizens and their organizations, that will coordinate state and local programs, that will encourage and monitor federal programs and that will act as an advocate for older Oregon citizens; and

(g) A designated state agency that will encourage and work with citizens with disabilities and their organizations, that will coordinate state and local programs, that will encourage and monitor federal programs and that will act as an advocate for Oregon citizens with disabilities.

(3) The Legislative Assembly declares that it shall be the policy of this state to give special attention to the special concerns of our most frail and vulnerable older citizens. Furthermore, it shall be the policy of this state to support strongly the full development and participation of citizens with disabilities in all aspects of social, political and community life.

(4) Recognizing the diversity in geography, economy and lifestyles in Oregon and the diversity of local senior citizen networks, the Legislative Assembly declares that it is the policy of this state to avoid complete uniformity in planning and administering programs for older citizens and to encourage and emphasize local control to achieve the most effective blend of state and local authority, not precluding the ability of the state to perform its mandated

responsibilities for planning and administration. Multipurpose senior centers may be considered as focal points for the delivery of services to older citizens in each community where practicable. Disability services should also be consolidated where possible to provide efficient and convenient delivery of services to citizens with disabilities. [1981 c.191 §1; 1985 c.180 §1; 1989 c.224 §70; 2007 c.70 §163]

410.020 Implementation of state policy. In carrying out the policies stated in ORS 410.010, the state shall:

(1) Coordinate the effective and efficient provision of community services to older citizens and citizens with disabilities so that the services will be readily available to the greatest number over the widest geographic area; assure that information on these services is available in each locality, utilizing whenever possible existing information services; and assure that each new service receives maximum publicity at the time it is initiated.

(2) Assure that older citizens and citizens with disabilities retain the right of free choice in planning and managing their lives; by increasing the number of options in lifestyles available to older citizens and citizens with disabilities; by aiding older citizens and citizens with disabilities to help themselves; by strengthening the natural support system of family, friends and neighbors to further self-care and independent living; by assuring that older citizens and citizens with disabilities are able to make informed choices regarding the delivery of in-home care services by providing information about their responsibilities as employers of in-home care providers or, alternatively, about the responsibilities of an in-home care agency to provide services; and by encouraging all programs that seek to maximize self-care and independent living within the mainstream of life.

(3) Assure that health and social services be available that:

(a) Allow the older citizen and citizen with a disability to live independently at home or with others as long as the citizen desires without requiring inappropriate or premature institutionalization.

(b) Encourage, by expansion of existing programs for older citizens and citizens with disabilities, by school programs, by meals-on-wheels, by counseling or by other means, public and private development of nutrition programs for older citizens and citizens with disabilities that prevent or minimize illness or social isolation.

(c) Assure that if institutionalization is necessary, the institution should be of the highest quality where the older citizen and citizen with a disability may live in dignity.

(d) Protect the older citizen and citizen with a disability from physical and mental abuse and from fraudulent practices.

(4) Foster both preventive and primary health care, including mental and physical health care, to keep older citizens and citizens with disabilities active and contributing members of society; and encourage full restorative services for those older citizens and citizens with disabilities who require institutional care to increase the possibility of their return to independent living.

(5) Encourage public and private development of suitable housing for older citizens and citizens with disabilities, designed and located consistent with their special needs and available at costs they can afford.

(6) In implementing subsections (1) to (5) of this section, develop and seek support for plans to assure access to information, counseling and screening, as appropriate, by persons potentially in need of long term care without regard to the person's income.

(7) Recognize the necessity for a variety of ways to help older citizens and citizens with disabilities maintain sufficient income to meet their needs.

(8) Encourage local transportation systems and volunteer groups to meet the daily transportation needs of older citizens and citizens with disabilities and to make accessible to them a broad range of services and programs, including social, health and religious services and programs.

(9) Encourage and develop meaningful employment opportunities for older citizens and citizens with disabilities in positions commensurate with their abilities; eliminate discrimination to such employment; and whenever possible, employ older citizens in programs that affect older citizens and citizens with disabilities in programs that affect citizens with disabilities.

(10) Involve older citizens and citizens with disabilities in the decision-making process for programs affecting their lives. Recognizing the ability of older citizens and citizens with disabilities to be advisors to the Legislative Assembly, agencies and professional staff, the Legislative Assembly intends that whenever possible older citizens and citizens with disabilities should assist in the development of policies affecting their lives.

(11) Assure to older citizens and citizens with disabilities the right to pursue activities within the widest range of civic, cultural, entertainment and recreational opportunities by opening such opportunities to participation by older citizens and citizens with disabilities, by encouraging older citizens and citizens with disabilities to utilize their capabilities by participating in government and by assuring them the right to serve.

(12) Make public educational facilities available to older citizens and citizens with disabilities and their organizations so older citizens and citizens with disabilities may pursue their educational interests; and encourage all institutions of learning and other appropriate agencies to develop and provide by outreach as well as by traditional means special education programs to meet the needs and interests of older citizens by addressing the problems and opportunities of aging and by responding to older citizens' interests in liberal arts as well as their interests in hobby and recreation courses.

(13) Encourage the development of barrier-free construction and the removal of architectural barriers so that more facilities are accessible to older citizens and citizens with disabilities.

(14) Promote development of programs to educate persons who work with older citizens in gerontology and geriatrics and encourage qualified persons to seek such education.

(15) Encourage immediate application by both public and private agencies of knowledge acquired from research that can sustain and improve the health and happiness of older citizens and citizens with disabilities.

(16) Recognize that older citizens who retire should be able to do so in honor and dignity.

(17) Encourage and support:

(a) Distribution of literature which accurately presents facts concerning aging and disabilities of citizens.

(b) Efforts of schools, churches and other institutions, in teaching children and youth about the process of aging and disabilities of citizens so as to correct fallacies handed down from one generation to another.

(c) Intergenerational programming and participation by community organizations and institutions to promote better understanding and warm social interaction and to counteract the tendency to isolation of individuals who are elderly or who have disabilities.

(d) Correction of stereotyping of individuals who are elderly or who have disabilities in school texts and other books, newspapers, magazines, radio and television by encouraging review and analysis of these media by publishers, company ownership or other appropriate agencies.

(e) Efforts which show that many misconceptions and stereotypes have no basis in fact so older citizens and citizens with disabilities will be freed from the destructive tendency to socially conform by embracing these fallacies. [1981 c.191 §2; 1983 c.312 §2; 1985 c.180 §2; 1989 c.224 §71; 2007 c.70 §164; 2007 c.416 §1]

410.030 Legislative findings on long term care options. The Legislative Assembly of the State of Oregon finds the following regarding older citizens and citizens with disabilities:

(1) That there are many older Oregonians and Oregonians with disabilities who face difficulties in maintaining self-care and independent living within the mainstream of life, and who have not yet exhausted their financial resources. These persons are often dependent upon providers of care for advice regarding 24-hour care. These persons and providers are not always aware of options to, or within, such care;

(2) That inappropriate or premature institutionalization of persons who have not exhausted their financial resources often leads to exhaustion of those resources, and to the expectation by these persons and providers that continued financing of inappropriate institutional care shall be available under Title XIX. However, under these circumstances, transfer of the person to appropriate, less costly noninstitutional or alternative institutional care, if available, is necessary in order that limited public funds can be utilized to provide appropriate care to as many persons in need as possible; and

(3) That to minimize the need for such disruptive transfers, it is in the interest of older Oregonians and Oregonians with disabilities and of providers of care that the Department of Human Services, or any designated state agency, develop plans for assuring access to information, counseling and screening, as appropriate, by persons potentially in need of long term care without regard to the person's income. [1983 c.312 §1; 1985 c.180 §3; 1989 c.224 §72; 2007 c.70 §165]

Appendix F — Oregon Project Independence

Oregon Project Independence (OPI) is a state-funded program providing in-home services to seniors who do not receive Medicaid-supported services. The Oregon Legislature established OPI in 1975 “to develop and place in effect a program of supportive services for persons age 60 or older.” The legislation required a fee for service based on ability to pay (see HB 2163 (1975)). The goals were, and still are, to assist older persons who were not Medicaid-eligible but needed some kind of in-home service from falling through the cracks, and prevent older persons from going into long-term care institutions by providing minimal in-home services.

The SUA is responsible for administering OPI at the state level. AAAs are responsible for local planning and delivery of OPI services, including the amount and type of services. An assessment tool is used to help determine eligibility, and it indicates a Service Priority Level (SPL) corresponding to an individual’s level of functional impairment. (The lower the number the greater the need for care.)

AAAs may provide any of the following services to individuals eligible for OPI services: case management (at no cost for OPI eligible individuals), homemaker (home care), personal care, chores, home-delivered meals, adult day care, respite, registered nurse services, AAA administration, and other services authorized by the APD administrator or designee if the need has been justified. OPI services are provided on a sliding fee schedule based on self-reported income.

The Oregon Legislature allocates funds to OPI. For example, during the state fiscal biennium 2015-2017, the Legislature appropriated \$26.8 million, serving an average of 2,402 individuals each month. It is expected that funding will continue at approximately the same level in the 2017-2019 biennium. Historically there are waiting lists in the majority of AAAs for the OPI Program, and funding is not dictated by need for this Oregon State Program.

In 2014, at the direction of the Oregon State Legislature, the Department of Human Services (DHS) developed a pilot project to expand OPI services to people with disabilities 19 to 59 years of age. DHS selected seven AAAs to participate in the OPI Expansion project, and it currently serves an average of 296 individuals. Funding for this program is expected to continue in the 2017-2019 biennium.

Appendix G — Demographics

An [interactive data map](#) with detailed demographic data for all planning and service areas in Oregon can be found here: <http://geo.maps.arcgis.com/apps/Viewer/index.html?appid=7c7937b6d14d4a9e83df6686476a9fad>

Population 60 Years and over

2011-2015 American Community Survey, US Census Bureau

Subject	Oregon	Benton County, Oregon	Clackamas County, Oregon	Clatsop County, Oregon	Columbia County, Oregon	Coos County, Oregon	Curry County, Oregon	Deschutes County, Oregon
	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Total population	871,991	17,295	88,478	9,838	12,083	20,337	9,112	41,308
Median age (years)	69.0	69.3	68.7	68.7	67.9	69.9	69.8	69.1
RACE AND HISPANIC OR LATINO ORIGIN								
One race	98.5%	98.9%	99.1%	97.8%	98.9%	97.3%	98.2%	99.00%
White	93.2%	95.5%	94.7%	95.5%	96.0%	94.2%	95.3%	97.2%
Black or African American	1.0%	0.0%	0.4%	0.3%	0.9%	0.3%	0.0%	0.3%
American Indian and Alaska Native	0.8%	0.3%	0.5%	0.3%	0.7%	1.5%	2.0%	0.7%
Asian	2.6%	2.4%	2.9%	1.0%	0.7%	0.8%	0.5%	0.6%
Native Hawaiian and Other Pacific Islander	0.1%	0.0%	0.1%	0.0%	0.1%	0.1%	0.0%	0.1%
Some other race	0.8%	0.6%	0.4%	0.7%	0.4%	0.3%	0.4%	0.2%
Two or more races	1.5%	1.1%	0.9%	2.2%	1.1%	2.7%	1.8%	1.0%
Hispanic or Latino origin (of any race)	3.1%	1.9%	2.4%	2.1%	1.4%	2.2%	1.8%	2.0%
White alone, not Hispanic or Latino	91.0%	94.2%	92.9%	94.6%	95.1%	92.7%	93.9%	95.6%

Subject	Oregon	Benton County, Oregon	Clackamas County, Oregon	Clatsop County, Oregon	Columbia County, Oregon	Coos County, Oregon	Curry County, Oregon	Deschutes County, Oregon
	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
RESPONSIBILITY FOR GRANDCHILDREN UNDER 18 YEARS								
Population 30 years and over	871,991	17,295	88,478	9,838	12,083	20,337	9,112	41,308
Living with grandchild(ren)	3.9%	3.5%	4.2%	4.4%	4.3%	3.9%	1.8%	2.9%
Responsible for grandchild(ren)	1.2%	0.6%	1.0%	2.5%	1.8%	1.7%	0.7%	0.6%
DISABILITY STATUS								
Civilian non-institutionalized population	860,642	17,224	87,645	9,749	11,969	20,082	9,040	41,040
With any disability	32.8%	26.1%	28.7%	34.1%	34.1%	41.8%	40.7%	27.2%
No disability	67.2%	73.9%	71.3%	65.9%	65.9%	58.2%	59.3%	72.8%
INCOME IN THE PAST 12 MONTHS (IN 2015 INFLATION-ADJUSTED DOLLARS)								
Households	535,889	10,765	53,849	6,254	7,310	12,563	5,739	24,657
With earnings	44.3%	45.1%	49.3%	43.6%	39.8%	38.7%	31.2%	41.2%
Mean earnings (dollars)	54,786	55,896	68,360	44,610	48,096	38,151	36,436	54,255
With Social Security income	77.9%	74.4%	75.5%	79.7%	79.4%	82.7%	84.9%	78.3%
Mean Social Security income (dollars)	19,006	19,868	20,084	18,691	19,172	17,863	17,851	19,375
With Supplemental Security Income	5.5%	3.5%	4.1%	5.8%	5.6%	6.1%	6.6%	3.4%
Mean Supplemental Security Income (dollars)	9,506	9,939	9,498	9,871	9,626	9,022	8,022	8,609
With cash public assistance income	2.5%	2.1%	2.1%	2.6%	2.1%	3.1%	2.1%	1.8%

Subject	Oregon	Benton County, Oregon	Clackamas County, Oregon	Clatsop County, Oregon	Columbia County, Oregon	Coos County, Oregon	Curry County, Oregon	Deschutes County, Oregon
	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Mean cash public assistance income (dollars)	3,266	3,017	2,776	2,428	4,519	3,745	5,150	2,484
With retirement income	45.0%	46.9%	46.0%	49.6%	53.3%	48.2%	40.9%	44.7%
Mean retirement income (dollars)	25,558	32,386	27,380	28,951	24,305	19,084	24,647	33,749
With Food Stamp/SNAP benefits	12.5%	8.0%	8.8%	13.0%	11.7%	16.3%	13.7%	8.6%
POVERTY STATUS IN THE PAST 12 MONTHS								
Population for whom poverty status is determined	860,488	17,220	87,645	9,749	11,969	20,061	9,040	41,040
Below 100 percent of the poverty level	9.0%	7.7%	6.8%	8.6%	6.8%	12.0%	11.8%	9.6%
100 to 149 percent of the poverty level	9.4%	6.5%	6.9%	9.5%	9.9%	12.6%	10.7%	7.9%
At or above 150 percent of the poverty level	81.6%	85.8%	86.3%	81.9%	83.3%	75.3%	77.6%	82.5%

Population 60 Years and over

2011-2015 American Community Survey, US Census Bureau

Subject	Oregon	Douglas County, Oregon	Jackson County, Oregon	Josephine County, Oregon	Klamath County, Oregon	Lane County, Oregon	Lincoln County, Oregon	Linn County, Oregon
	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Total population	871,991	33,855	56,659	27,500	17,616	85,369	15,923	28,061
Median age (years)	69.0	69.9	69.7	69.7	69.5	69.2	68.6	69.7
RACE AND HISPANIC OR LATINO ORIGIN								
One race	98.5%	98.1%	98.4%	98.7%	98.1%	98.2%	98.3%	98.4%
White	93.2%	95.9%	96.0%	96.8%	94.2%	95.2%	95.2%	96.2%
Black or African American	1.0%	0.0%	0.3%	0.3%	0.4%	0.4%	0.1%	0.1%
American Indian and Alaska Native	0.8%	0.7%	0.6%	0.7%	2.1%	0.6%	1.4%	0.8%
Asian	2.6%	90.0%	0.9%	0.5%	0.6%	1.3%	1.2%	1.0%
Native Hawaiian and Other Pacific Islander	0.1%	10.0%	0.1%	0.0%	0.1%	0.1%	0.1%	0.0%
Some other race	0.8%	30.0%	0.5%	0.4%	0.7%	0.6%	0.4%	0.4%
Two or more races	1.5%	1.9%	1.6%	1.3%	1.9%	1.8%	1.7%	1.6%
Hispanic or Latino origin (of any race)	3.1%	1.8%	2.9%	2.7%	3.4%	2.2%	1.8%	1.8%
White alone, not Hispanic or Latino	91.0%	94.4%	93.7%	94.4%	91.5%	93.6%	93.9%	95.0%
RESPONSIBILITY FOR GRANDCHILDREN UNDER 18 YEARS								
Population 30 years and over	871,991	33,855	56,659	27,500	17,616	85,369	15,923	28,061
Living with grandchild(ren)	3.9%	4.2%	2.6%	2.7%	2.8%	2.7%	2.8%	3.4%
Responsible for grandchild(ren)	1.2%	2.0%	0.7%	0.8%	1.2%	1.0%	1.8%	1.4%

Subject	Oregon	Douglas County, Oregon	Jackson County, Oregon	Josephine County, Oregon	Klamath County, Oregon	Lane County, Oregon	Lincoln County, Oregon	Linn County, Oregon
	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
DISABILITY STATUS								
Civilian non-institutionalized population	860,642	33,546	56,136	27,193	17,460	84,584	15,852	27,766
With any disability	32.8%	38.7%	34.2%	33.0%	36.8%	33.6%	35.6%	36.4%
No disability	67.2%	61.3%	65.8%	67.0%	63.2%	66.4%	64.4%	63.6%
INCOME IN THE PAST 12 MONTHS (IN 2015 INFLATION-ADJUSTED DOLLARS)								
Households	535,889	20,065	35,049	16,978	11,042	53,620	10,163	17,156
With earnings	44.3%	36.9%	41.2%	33.2%	39.8%	42.8%	42.0%	40.9%
Mean earnings (dollars)	54,786	45,009	46,774	35,859	43,392	51,487	47,881	46,211
With Social Security income	77.9%	84.1%	79.5%	84.5%	81.0%	79.1%	81.9%	82.2%
Mean Social Security income (dollars)	19,006	19,193	18,462	18,385	18,954	19,116	18,622	18,667
With Supplemental Security Income	5.5%	5.4%	5.3%	5.4%	6.9%	5.4%	5.7%	6.1%
Mean Supplemental Security Income (dollars)	9,506	11,068	9,619	9,172	8,273	9,576	10,228	10,592
With cash public assistance income	2.5%	2.4%	1.4%	2.1%	2.9%	2.2%	2.0%	1.8%
Mean cash public assistance income (dollars)	3,266	2,749	2,572	3,767	3,119	2,836	2,696	2,472
With retirement income	45.0%	49.2%	44.8%	45.9%	43.5%	44.3%	41.6%	48.2%
Mean retirement income (dollars)	25,558	21,505	24,373	22,162	22,300	24,852	24,273	21,650
With Food Stamp/ SNAP benefits	12.5%	12.9%	12.0%	13.6%	15.5%	13.7%	13.9%	14.4%

Subject	Oregon	Douglas County, Oregon	Jackson County, Oregon	Josephine County, Oregon	Klamath County, Oregon	Lane County, Oregon	Lincoln County, Oregon	Linn County, Oregon
	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
POVERTY STATUS IN THE PAST 12 MONTHS								
Population for whom poverty status is determined	860,488	33,538	56,136	27,193	17,460	84,584	15,852	27,766
Below 100 percent of the poverty level	9.0%	8.4%	9.5%	10.5%	9.2%	9.5%	9.7%	9.2%
100 to 149 percent of the poverty level	9.4%	10.4%	10.4%	12.2%	11.8%	9.7%	9.5%	11.8%
At or above 150 percent of the poverty level	81.6%	81.2%	80.1%	77.3%	79.0%	80.8%	80.8%	79.0%

Population 60 Years and over

2011-2015 American Community Survey, US Census Bureau

Subject	Oregon	Marion County, Oregon	Multnomah County, Oregon	Polk County, Oregon	Tillamook County, Oregon	Umatilla County, Oregon	Washington County, Oregon	Yamhill County, Oregon
	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Total population	871,991	64,424	134,211	17,385	8,410	15,170	93,068	20,568
Median age (years)	69.0	69.2	68.1	70.1	69.0	69.1	68.5	69.9
RACE AND HISPANIC OR LATINO ORIGIN								
One race	98.5%	98.0%	98.6%	98.5%	99.3%	98.0%	98.6%	98.6%
White	93.2%	93.6%	86.1%	95.0%	97.4%	93.6%	89.5%	95.5%
Black or African American	1.0%	0.4%	4.5%	0.2%	0.2%	0.2%	0.8%	0.6%
American Indian and Alaska Native	0.8%	0.6%	0.7%	0.9%	0.8%	1.8%	0.4%	0.9%
Asian	2.6%	1.7%	6.3%	1.2%	0.6%	0.8%	6.5%	0.6%

Subject	Oregon	Marion County, Oregon	Multnomah County, Oregon	Polk County, Oregon	Tillamook County, Oregon	Umatilla County, Oregon	Washington County, Oregon	Yamhill County, Oregon
	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Native Hawaiian and Other Pacific Islander	0.1%	0.3%	0.2%	0.0%	0.1%	0.1%	0.2%	0.0%
Some other race	0.8%	1.5%	0.8%	1.2%	0.2%	1.5%	1.2%	1.1%
Two or more races	1.5%	2.0%	1.4%	1.5%	0.7%	2.0%	1.4%	1.4%
Hispanic or Latino origin (of any race)	3.1%	6.4%	3.1%	4.2%	1.5%	6.4%	3.9%	3.8%
White alone, not Hispanic or Latino	91.0%	89.4%	83.9%	92.4%	96.1%	89.2%	86.9%	93.1%
RESPONSIBILITY FOR GRANDCHILDREN UNDER 18 YEARS								
Population 30 years and over	871,991	64,424	134,211	17,385	8,410	15,170	93,068	20,568
Living with grandchild(ren)	3.9%	4.9%	5.0%	3.8%	2.2%	3.9%	5.0%	3.9%
Responsible for grandchild(ren)	1.2%	1.2%	1.3%	1.5%	1.1%	1.6%	1.2%	1.1%
DISABILITY STATUS								
Civilian non-institutionalized population	860,642	63,115	131,819	17,268	8,341	14,518	92,156	20,245
With any disability	32.8%	33.3%	33.1%	32.9%	32.6%	35.8%	27.3%	35.4%
No disability	67.2%	66.7%	66.9%	67.1%	67.4%	64.2%	72.7%	64.6%
INCOME IN THE PAST 12 MONTHS (IN 2015 INFLATION-ADJUSTED DOLLARS)								
Households	535,889	39,241	84,698	10,463	5,069	8,970	56,258	12,345
With earnings	44.3%	45.6%	48.3%	40.8%	36.3%	47.7%	50.6%	42.7%
Mean earnings (dollars)	54,786	49,946	62,908	54,275	44,323	52,251	64,946	51,800
With Social Security income	77.9%	78.0%	72.5%	79.3%	81.2%	77.6%	74.7%	81.9%

Subject	Oregon	Marion County, Oregon	Multnomah County, Oregon	Polk County, Oregon	Tillamook County, Oregon	Umatilla County, Oregon	Washington County, Oregon	Yamhill County, Oregon
	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Mean Social Security income (dollars)	19,006	18,961	18,266	19,382	18,969	18,605	19,874	20,013
With Supplemental Security Income	5.5%	6.4%	6.8%	5.6%	3.6%	5.9%	4.7%	5.6%
Mean Supplemental Security Income (dollars)	9,506	10,266	9,369	9,662	9,173	8,721	9,230	9,823
With cash public assistance income	2.5%	3.6%	3.3%	1.5%	2.6%	2.9%	2.1%	2.3%
Mean cash public assistance income (dollars)	3,266	2,987	4,102	6,306	2,397	4,208	3,593	2,483
With retirement income	45.0%	49.4%	41.8%	51.3%	43.6%	40.6%	43.2%	46.0%
Mean retirement income (dollars)	25,558	26,761	26,363	26,567	24,340	21,920	26,215	26,383
With Food Stamp/ SNAP benefits	12.5%	14.2%	16.0%	9.1%	12.4%	12.9%	9.3%	11.5%
POVERTY STATUS IN THE PAST 12 MONTHS								
Population for whom poverty status is determined	860,488	63,115	131,807	17,268	8,341	14,518	92,147	20,145
Below 100 percent of the poverty level	9.0%	8.0%	11.4%	7.2%	9.7%	8.4%	7.2%	6.7%
100 to 149 percent of the poverty level	9.4%	9.4%	9.7%	8.3%	13.0%	9.7%	7.1%	9.1%
At or above 150 percent of the poverty level	81.6%	82.5%	78.9%	84.6%	77.3%	81.9%	85.7%	84.2%

Data not available for the following counties:

Baker, Crook, Gilliam, Grant, Harney, Hood River, Jefferson, Lake, Malheur, Morrow, Sherman, Union, Wallowa, Wasco, and Wheeler

Oregon Demographics

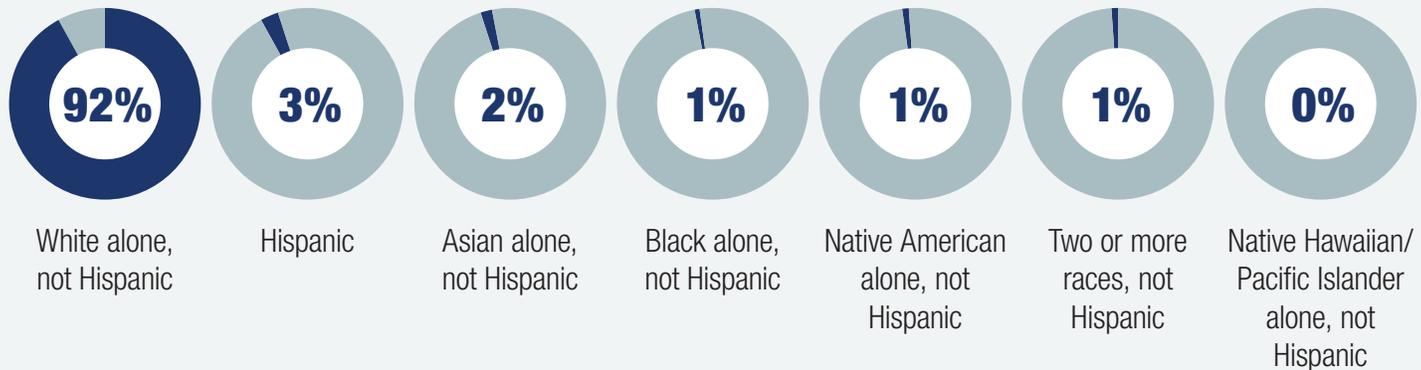


Table C.10 Elderly Population by Age Group

Year (July 1)	Ages 65+	% change from previous decade/yr.	Ages 65-74	% change from previous decade/yr.	Ages 75-84	% change from previous decade/yr.	Ages 85+	% change from previous decade/yr.
1980	305,841	---	185,863	---	91,137	---	28,841	---
1990	392,369	28.29%	224,772	20.93%	128,813	41.34%	38,784	34.48%
2000	439,239	11.95%	218,997	-2.57%	162,187	25.91%	58,055	49.69%
2001	442,558	0.76%	218,838	-0.07%	163,878	1.04%	59,843	3.08%
2002	445,890	0.75%	219,614	0.35%	165,109	0.75%	61,167	2.21%
2003	451,080	1.16%	222,361	1.25%	165,669	0.34%	63,050	3.08%
2004	456,984	1.31%	226,373	1.80%	165,842	0.10%	64,769	2.73%
2005	465,089	1.77%	231,926	2.45%	166,077	0.14%	67,087	3.58%
2006	475,596	2.26%	239,931	3.45%	165,787	-0.17%	69,877	4.16%
2007	487,657	2.54%	250,131	4.25%	165,148	-0.39%	72,379	3.58%
2008	502,959	3.14%	264,201	5.63%	164,354	-0.48%	74,403	2.80%
2009	517,502	2.89%	277,606	5.07%	163,513	-0.51%	76,383	2.66%
2010	532,062	2.81%	289,645	4.34%	164,159	0.40%	78,258	2.45%
2011	544,686	2.37%	300,402	3.71%	164,410	0.15%	79,874	2.06%
2012	569,493	4.55%	322,490	7.35%	165,727	0.80%	81,276	1.75%
2013	594,977	4.47%	344,125	6.71%	168,319	1.56%	82,533	1.55%
2014	619,639	4.15%	363,807	5.72%	172,422	2.44%	83,411	1.06%
2015	646,119	4.27%	384,842	5.78%	177,215	2.78%	84,062	0.78%
2016	673,402	4.22%	405,222	5.30%	183,115	3.33%	85,065	1.19%
2017	702,423	4.31%	425,581	5.02%	190,934	4.27%	85,908	0.99%
2018	732,916	4.34%	444,092	4.35%	202,239	5.92%	86,585	0.79%
2019	763,150	4.13%	462,285	4.10%	213,772	5.70%	87,094	0.59%
2020	793,392	3.96%	480,822	4.01%	224,184	4.87%	88,386	1.48%
2021	821,778	3.58%	498,422	3.66%	233,438	4.13%	89,917	1.73%
2022	849,805	3.41%	505,552	1.43%	252,387	8.12%	91,866	2.17%
2023	877,010	3.20%	512,140	1.30%	270,567	7.20%	94,303	2.65%
2024	901,858	2.83%	517,681	1.08%	286,678	5.95%	97,499	3.39%
2025	927,592	2.85%	523,055	1.04%	303,725	5.95%	100,813	3.40%
2026	951,513	2.58%	527,504	0.85%	319,396	5.16%	104,613	3.77%

Appendix H — Long-Term Care Ombudsman

Oregon Long-Term Care Ombudsman

Oregon's Office of the Long-term Care Ombudsman (LTCO) is an independent state agency, separate from the SUA and DHS. As required by Title VII of the OAA, and as further described in Oregon Revised Statutes at ORS 441.402–441.419, the LTCO serves all licensed long-term care facility residents through complaint investigation, resolution and advocacy for improvement in resident care. The LTCO serves residents in nursing homes, residential care facilities, assisted living facilities and adult foster care homes. As specified in ORS 441.417, the Long-Term Care Advisory Committee monitors the program, with members appointed by the Governor, legislative leadership and senior organizations.

The Ombudsman program works to enhance the quality of life and improve the quality of care for residents of Oregon's licensed long-term care facilities. It is a free service available to residents, families, facility staff and the general public. Certified (volunteer) ombudsmen and staff investigate and resolve a wide variety of resident concerns, including problems with resident care, medications, billing, lost property, meal quality, evictions, guardianships, dignity and respect, and care plans.

Beyond complaint investigation and resolution, they also provide hundreds of free consultations each year to individuals struggling with the complexities of the long-term care system. The program also advocates for improvements in the quality of life and quality of care through educational presentations to residents, facilities and communities, as well as working collaboratively with other agencies and the industry on systemic issues.

The Office of the Long-Term Care Ombudsman (LTCO), also works in partnership with Oregon's SMP project. LTCO-certified volunteer ombudsmen meet with individuals who live in long-term care facilities and provide education about reviewing Medicare Summary Notices (MSNs) to detect questionable charges.

The LTCO program has more than 200 certified volunteer ombudsmen across the state serving more than 43,000 beds in long-term care facilities. This is the largest number of certified ombudsman in the history of the program. In fiscal year October 2015 through September 2016, the LTCO program completed 14,152 visits to long-term care facilities and handled 4,517 complaints.

Appendix I — Disaster and Emergency Preparedness

Oregon DHS addresses all aspects of business continuity and emergency management through its Business Continuity Management Program (BCMP). The BCMP has four major areas of focus including Business Continuity Planning, Technology Disaster Recovery, Emergency Preparedness for Vulnerable Populations, and Emergency Management. Emergency preparedness planning tools and resources for partners and providers can be found at <https://www.oregon.gov/DHS/BUSINESS-SERVICES/BCMP/Pages/Partners-Providers.aspx>

Oregon's AAAs have emergency preparedness plans to ensure continuation of service delivery during an emergency. The plans are revised when needed to ensure they will meet the needs of the individuals they serve. As required by SUA instructions to the AAAs, Area Plans had to include, at a minimum, the following elements in their emergency preparedness plans:

- Assessment of potential hazards;
- Chain of command;
- Communications plan;
- Continuity of operations plan (program-by-program or site-by-site);
- Agreements that detail how the AAA will coordinate activities with local and state emergency response agencies, relief organizations and any other entities that have responsibility for disaster relief service delivery, both in the response and recovery phases;
- Description of the AAA's role in local planning and coordination efforts for vulnerable populations.
- The SUA manager would lead and coordinate the SUA's role in maintaining continuity of service delivery during an emergency. For example, should there be a declared disaster anywhere in Oregon, the SUA, led by its manager, would consider applying for available AoA/ACL emergency funds.

Appendix J — Intrastate Funding Formula (IFF)

Oregon State Unit on Aging Intrastate Funding Formula

Oregon's Older Americans Act (OAA) grant award, Oregon Project Independence, and Legislative special purpose appropriations are allocated to individual Area Agencies on Aging based on a combination of a Base Amount formula, a Land Area formula, and a Population formula on a biennial basis. OAA Sections 305(a)(2)(C) have been met, and criteria set forth in Sections 305(a)(2)(C)(i) and (ii) have been considered and factor weights in Oregon's funding formula are based upon the most current census data released.

Summary

The *base amount formula* allocates a predetermined amount to each area agency.

The *land area formula* allocates a percentage based on the agency's share of Oregon's total square mileage:

- 5% of Older Americans Act award after subtracting base amount for applicable titles
- 5% of Oregon Project Independence appropriation

The method used to meet the needs for services in rural areas are percentages of the OAA allocation distribution based upon each AAA share of Oregon's total square mileage. The land area formula is used in allocating Title III B, III E and VII funds and Oregon Project Independence.

The *population formula* bases an agency's percentage of the grant allocation on the agency's share of population factors compared to Oregon's total for each factor. The amount allocated based on population is the total amount less allocations for base amount and/or land area where applicable.

The population factors overlap: For example, those who are 75+ are counted once in the 60+ factor and again in the 75+ factor. Those who are in poverty are counted once in the 60+ and again in this separate factor. Similarly, those who are a minority senior 65+ are counted twice (once in the 60+ and once in the factor for minority). The result is that those 75+, minority 65+, and poverty 65+ are weighted twice that of those 60+. If a senior were 75+, minority and in poverty, they would be counted in all four demographic factors.

The number of minority older Oregonians was used in calculating the allocations for Title III B, III C, III E and VII. Minority plus poverty was the primary factor used in allocating Title III D Preventive Health funds. Each funding source has a separate allocation (supportive services, congregate meals, home delivered meals, family caregiver support, elder abuse prevention, preventive health, Oregon Project Independence and when applicable, Legislative special purpose appropriations). The chart below demonstrates how the three formulas are used to allocate the available funds for the seven programs.

	Biennial Base Amount	Land Area	Population Formula 1	Population Formula 2	Population Formula 3
OAA Title IIIB: Supportive Services	\$55,000	5.0%	remaining 95%	Not used	Not used
OAA Title IIIC-1: Congregate Meals	Not Used	Not Used	100%	Not used	Not used
OAA Title IIIC-2: Home Delivered Meals	Not Used	Not Used	100%	Not used	Not used
OAA Title IIID: Preventive Health	\$3,000	Not Used	Not used	remaining 100%	Not used
Title IIIE: Family Caregiver Support	Not Used	5.0%	Not used	Not used	remaining 95%
Title VII: Elder Abuse Prevention	\$1,000	5.0%	remaining 95%	Not used	Not used
Oregon Project Independence	Not Used	5.0%	remaining 95%	Not used	Not used
Legislative Special Purpose Appropriation	Not Used	Varies depending upon purpose of funds: General use – 5% land, 95% population; health promotion use – \$3K base and Population Formula 2.			

Population Formula 1: (IIIB, IIIC-1, IIIC-2, VIIB, and OPI)

- A.) population 60 years and older, plus
- B.) population 75 years and older, plus
- C.) minority population 65 years and older, plus
- D.) poverty population 65 years and older with incomes below 125% of federal poverty level.

Population Formula 2: (IIID)

- A.) population 75 years and older, plus
- B.) minority population 65 years and older, plus
- C.) poverty population 65 years and older with incomes below 125% of federal poverty level.

Population Formula 3: (IIIE)

- A.) population 70 years and older, plus
- B.) minority population 65 years and older, plus
- C.) poverty population 65 years and older with incomes below 125% of federal poverty level.

Minimum Congregate and Home Delivered Allocation:

Because both nutrition titles determine allocation on population alone, Oregon's least populated region tends to receive less than what it costs to provide minimum services. For this reason, a minimum was set for Harney County to guarantee continuation of services. Harney's minimum funding level for congregate meals is \$32,000 and \$4,000 for home delivered meals. If the population based factors provide less than the minimum to Harney and the minimum is allocated, the additional funding is taken out of all other AAAs funding. The remaining amount is distributed based on the population factors outlined above.

Oregon's current minimum Title IIIB expenditure requirements for funding for priority services of access, in-home and legal assistance services are:

- Access: 18%
- Legal: 3%
- In-Home: 3%

Appendix K — State Plan Assurances

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

Older Americans Act, As Amended in 2016

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2016.

ASSURANCES

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title--

(2)The State agency shall—

(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan;

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low income minority older individuals;

(c) An area agency on aging designated under subsection (a) shall be--...

(5) in the case of a State specified in subsection (b) (5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

Sec. 306(a), AREA PLANS

(a) Each area agency on aging...Each such plan shall--

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared --

(I) identify the number of low income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(9) provide assurances that the area agency on aging, in carrying out the State Long Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including —

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship;

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used--

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

(a) . . . Each such plan shall comply with all of the following requirements:...

(3) The plan shall--

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long Term Care Ombudsman, a State Long Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance --

(A) the plan contains assurances that area agencies on aging will

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals --

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for --

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;...

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State...

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full time basis, whose responsibilities will include

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community based, long term care services, pursuant to section 306(a)(7), for older individuals who -

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long term care facilities, but who can return to their homes if community based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall --

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(23) The plan shall provide assurances that demonstrable efforts will be made -

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307--

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order...

Attachment A (Continued)

REQUIRED ACTIVITIES

Sec. 305 ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—. . .

(2) the State agency shall—

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals; and

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

Sec. 306 – AREA PLANS

(a) . . . Each such plan shall— (6) provide that the area agency on aging will—

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(6)(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate;

Sec. 307(a) STATE PLANS

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and (B) be based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The plan shall provide that the State agency will --

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; ...

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

Note: "PERIODIC" (DEFINED IN 45CFR PART 1321.3) MEANS, AT A MINIMUM, ONCE EACH FISCAL YEAR.

(5) The plan shall provide that the State agency will:

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals—

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

 APD Director

Signature and Title of Authorized Official

6/26/17

Date

Appendix L — Information Requirements

INFORMATION REQUIREMENTS

IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

Oregon’s intrastate funding formula is the basis for prioritizing serving older Oregonians with the greatest economic or social need (see Appendix J). The intrastate funding formula includes methods to distribute funds to minority, poverty and rural populations. Additionally, Oregon’s AAAs were required to include a section in their 2017–2020 Area Plans specifically devoted to how individuals with the greatest economic or social need would be targeted to receive services in their areas.

Objectives and Strategies in Focus Areas throughout the State Plan include methods/activities to assure those with greatest economic and social needs receive services that allow them to remain in their own communities to achieve wellbeing and independence as desired.

Methods/activities include:

- The nutrition focus area includes emphasis on identifying ways to increase outreach to diverse populations, inclusive of those with greatest need.
- Disease prevention/health promotion focus area partners with Public Health to support evidence-based programs and assure those with greatest need are identified and provided services. Statewide promotion of programs are coordinated with other OAA programs.
- The family caregiver support program will promote telephone and telemedicine evidence-based caregiver support programs which will reach those in rural areas.
- Legal assistance will collaborate with partners to provide effective strategies and educational training to target vulnerable populations and coordinate methods for delivery of services and education to reach a greater number of targeted persons.
- American Indian programs will reach out to Tribes and organizations to ensure access to services for all elders.
- The SMP Project Work Plan includes specific tasks that will include events targeting rural populations and Native American Tribes.
- The No Wrong Door proposal includes translating and distributing materials in additional languages.

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

See Appendix I of this State Plan for a description of state and local emergency preparedness planning.

Section 307(a)(2)

The plan shall provide that the State agency will --...

(C) *specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306*

(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)

Oregon's current minimum Title IIIB expenditure requirements for funding for priority services of access, in-home and legal assistance services are:

- Access: 18%
 - Legal: 3%
 - In-Home: 3%
-

Section 307(a)(3)

The plan shall-- ...

(B) with respect to services for older individuals residing in rural areas--

(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;

(ii) *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and*

(iii) *describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

The state assures that the Oregon Department of Human Services (DHS) will spend not less than the amount expended in the fiscal year 2000 for services to older individuals residing in rural areas.

Included at the end of this Attachment is the 2015–2017 “Summary of Allocation and Funding Sources” that covers the federal fiscal years of 2016–2017 addressed by this State Plan. The summary incorporates the costs of providing rural services to the AAAs receiving such funds per the Intrastate Funding Formula.

See Appendix J for Oregon’s current intrastate funding formula, which includes a description of the method used to provide services to older individuals in rural areas.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall *describe how those needs have been met and describe how funds have been allocated to meet those needs.*

Oregon assures that the special needs of older individuals residing in rural areas are taken into consideration, in part through the intrastate funding formula’s distribution for rural needs and also through appropriate collaborations for delivering services to those in rural locations.

As part of the ADRC/NWD grant and focus area activities, the SUA will convene regional ADRC meetings with partners to share information on ADRC and OAA services and expand outreach; and increase consumer awareness of and access to ADRC services through expanded outreach and coordination with statewide referral sources.

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) *identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and*

(B) *describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.*

As provided on the Administration on Aging’s AGing Integrated Database (AGID), 2014 estimates indicate that 14,684 minority older individuals are below the poverty level in Oregon. It is unknown how many of these individuals have limited English proficiency, but according to the U.S. Census Bureau, 14.6 percent of Oregon’s population speaks a language other than English at home.

Oregon has identified methods to identify and provide services to low-income minority individuals who represent those in greatest economic and social need. Beyond the population formula component of the intrastate funding formula, Oregon emphasizes collaborative partnerships at the local and regional levels to continually identify individuals in need of services. Additionally, as described within this State Plan, critical focus areas are emphasizing the importance of targeting services to those in greatest economic and social need, including low-income minority older individuals.

Section 307(a)(21)

The plan shall --

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, *and specify the ways in which the State agency intends to implement the activities.*

Oregon assures that the Department of Human Services will pursue activities to increase older Native Americans' access to all of DHS's aging programs and benefits. See OAA Core Programs focus area on American Indian Programs in this State Plan for a description of ways in which DHS intends to implement the activities.

Section 307(a)(29)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

See Appendix I of this State Plan for a description of state and local emergency preparedness planning.

Section 307(a)(30)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

See Appendix I of this State Plan for a description of state and local emergency preparedness planning. It notes that DHS, Oregon's agency on aging, through its Business Continuity Management Program, coordinates with the State Public Health Emergency Preparedness and Response Plan through collaboration between the Oregon Department of Human Services and the Oregon Health Authority.

Section 705(a) ELIGIBILITY --

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307--

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307--

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for-

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

In accordance with the above-detailed requirements and as set forth in Section 705(a) of the Older Americans Act, as amended and reauthorized, this State Plan includes, in its various sections and appendices, descriptions of the manner in which the State Agency will carry out the requirements of §705(a) subparts (1 - 7) of the Act. Assurances are provided in appendix K. The State has received and approved a separate area plan from each of its sixteen Area Agencies on Aging, with each area plan describing the program plans and goals for each core program in its planning and service area. This plan provides the following additional information:

- 1) The manner in which the State will carry out its OAA §705(a)(1) obligations is generally summarized in pages 18-29 of the State Plan and related appendices. There, the State addresses the core focus areas of quality management, nutrition services and programs, disease prevention and health promotion programs, family caregiver support program, and legal assistance/elder rights protection programs. In addition, the State Agency complies with Oregon statutes, administrative rules, policies and procedures as they relate to each program.**
- 2) The manner in which the State will carry out its OAA §705(a)(2) obligations relating to public hearings and obtaining input from various interested persons and entities is generally summarized as applicable to each program in pages 18-29 of the State Plan and more particularly in appendices A and B. Each Oregon AAA has prepared an area plan compliant with these expectations.**
- 3) The manner in which the State will carry out its OAA §705(a)(3) obligations relating to identifying and prioritizing statewide activities related to individual benefits and rights is generally summarized as applicable to each program in pages 18-32 of the State Plan and also in appendices B and E. Each Oregon AAA has prepared an area plan with goals and objectives intended to meet expectations.**
- 4) The manner in which the State will carry out its OAA §705(a)(4) vulnerable elder rights activities is generally summarized as applicable to each program in pages 29-32 of the State Plan. The State Agency partners with Oregon’s Long-Term Care Ombudsman program and its Office of Adult Abuse Prevention and Investigations, as well as with other stakeholders, to coordinate protection activities for vulnerable persons across the state.**

- 5) **The manner in which the State will carry out its OAA §705(a)(5) obligations is generally summarized as applicable to Ombudsman entities in pages 29-32 of the State Plan and also in appendix H.**
- 6) **With respect to programs for the prevention of elder abuse, neglect, and exploitation, the manner in which the State will carry out its OAA §705(a)(6) obligations is briefly summarized as applicable to its adult protective services activities in pages 29-32 of the State Plan. Existing Oregon laws, as well as approved policies and procedures, place specific further requirements for the State’s adult protective services activities.**

APD - AR - 15 - 063
Area Agency on Aging 2015-2017 Biennial Planning Allocation
 Summary of Allocation and Funding Sources

AAA	III B Support Services	III C1 Congregate Meals	111C2 Home-Delivered Meals	IID Evidence-Based Promotion Services	III E Caregiver Services	Elder Abuse, Neglect & Exploitation Prevention Activities	Subtotal of OAA Titles	% of OAA Funds	Nutrition Services Incentive Program	SUA admin funds provided to AAAs for IS/IT	Continued Seq. Mtg. SPA Funds	Continued EB SPA Funds	Total OPI (Services to 80+ Aiz/Dem.) Allocation	Total OPI (Services to 19-59) Funds	Waivered XIX	Non-Waivered XIX	XIX Local Match	15-17 Allocation Total
CAPECO	\$205,052	\$217,259	\$110,650	\$12,004	\$77,799	\$2,888	\$625,652	2.3%	\$57,790	\$2,151	\$4,689	\$28,045	\$448,672	\$274,508	\$0	\$0	\$0	\$1,481,507
CAT	\$140,130	\$136,450	\$69,494	\$7,904	\$41,936	\$2,071	\$397,985	1.4%	\$95,753	\$2,000	\$28,427	\$16,642	\$254,551	\$0	\$0	\$0	\$0	\$795,358
CCNO	\$227,315	\$210,961	\$107,442	\$11,435	\$30,244	\$3,168	\$650,565	2.4%	\$132,751	\$2,169	\$46,469	\$26,464	\$515,244	\$0	\$0	\$0	\$0	\$1,373,662
CCSS	\$696,328	\$1,046,774	\$533,123	\$42,788	\$322,342	\$9,070	\$2,650,425	9.6%	\$344,891	\$7,293	\$189,316	\$113,675	\$1,917,647	\$0	\$0	\$0	\$0	\$5,223,247
COCOA	\$445,590	\$599,284	\$305,216	\$25,279	\$198,538	\$5,915	\$1,579,822	5.7%	\$177,452	\$4,084	\$112,844	\$64,971	\$1,167,913	\$0	\$0	\$0	\$0	\$3,107,086
DCSSD	\$329,905	\$424,330	\$216,111	\$20,774	\$146,764	\$4,459	\$1,142,343	4.1%	\$150,383	\$3,572	\$91,596	\$52,440	\$822,000	\$0	\$0	\$216,978	\$0	\$2,469,312
HGSCS	\$106,196	\$32,000	\$13,233	\$4,014	\$26,457	\$1,644	\$183,544	0.7%	\$17,709	\$2,000	\$13,110	\$5,821	\$153,082	\$0	\$0	\$0	\$0	\$375,266
KLCCOA	\$256,032	\$248,681	\$126,653	\$13,190	\$105,175	\$3,530	\$753,261	2.7%	\$109,873	\$2,383	\$53,804	\$31,345	\$601,112	\$0	\$0	\$0	\$0	\$1,551,778
LCOG	\$698,429	\$1,034,579	\$526,912	\$44,562	\$333,870	\$9,096	\$2,647,448	9.6%	\$238,360	\$8,348	\$189,103	\$118,609	\$1,923,930	\$952,360	\$5,952,438	\$22,964,870	\$3,138,146	\$38,133,612
MCADVDS	\$1,036,866	\$1,616,383	\$823,227	\$72,856	\$505,570	\$13,355	\$4,068,257	14.7%	\$963,746	\$25,000	\$290,592	\$197,310	\$2,935,909	\$1,445,887	\$12,391,822	\$56,161,790	\$14,649,578	\$93,129,891
MCCOG	\$179,070	\$166,327	\$84,710	\$10,086	\$64,890	\$2,561	\$507,644	1.8%	\$111,979	\$2,000	\$36,260	\$22,710	\$370,984	\$0	\$0	\$0	\$0	\$1,051,577
MCOACS	\$145,137	\$91,920	\$46,815	\$7,927	\$48,852	\$2,134	\$342,385	1.2%	\$19,510	\$2,000	\$24,456	\$15,592	\$269,523	\$0	\$0	\$0	\$0	\$673,466
NWSDS	\$955,567	\$1,474,874	\$751,154	\$63,126	\$472,819	\$12,457	\$3,739,997	13.5%	\$326,185	\$12,666	\$267,143	\$170,248	\$2,722,706	\$316,752	\$7,830,904	\$30,435,540	\$1,224,098	\$47,045,239
OCWCOG	\$514,413	\$734,873	\$374,271	\$31,042	\$235,454	\$6,781	\$1,896,844	6.9%	\$265,905	\$6,112	\$135,489	\$81,003	\$1,373,701	\$715,077	\$3,884,661	\$13,983,008	\$800,000	\$23,141,800
RVCOG	\$688,885	\$1,019,860	\$519,415	\$45,057	\$334,812	\$8,976	\$2,617,005	9.5%	\$301,038	\$8,452	\$186,929	\$119,986	\$1,895,395	\$976,026	\$0	\$235,821	\$90,000	\$6,430,652
SCBEC	\$281,652	\$355,013	\$180,808	\$17,458	\$120,442	\$3,852	\$959,225	3.5%	\$157,538	\$3,550	\$68,516	\$43,218	\$677,718	\$0	\$0	\$0	\$0	\$1,909,765
WCDAMS	\$744,450	\$1,132,707	\$576,888	\$49,948	\$350,344	\$9,675	\$2,863,412	10.4%	\$413,134	\$7,673	\$204,529	\$131,921	\$2,061,538	\$1,019,391	\$0	\$0	\$0	\$6,701,598
Total Allocation	\$7,661,017	\$10,542,276	\$5,366,122	\$478,450	\$3,476,318	\$101,632	\$27,625,814	100%	\$3,883,997	\$101,453	\$1,973,272	\$1,240,000	\$20,111,625	\$5,700,000	\$30,059,825	\$123,998,007	\$19,901,822	\$234,895,815

OREGON STATE PLAN ON AGING

October 1, 2017 – September 30, 2021

(Amended December 28, 2018)

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